

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
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96 MAY -1 PM 2: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #	M25298	(4)
1. Corporation Name PERLOREN CORPORATION		

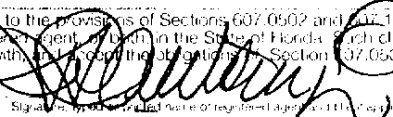
Principal Place of Business 1036 SW FIRST ST MIAMI FL 33130 US	Mailing Address 1036 SW FIRST ST MIAMI FL 33130 US
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2. Principal Place of Business 21 2300 CORAL WAY Suite, Apt. #, etc. 22 City & State 23 MIAMI FLORIDA Zip 24 33145 Country 25 US.	2a. Mailing Address 26 2300 CORAL WAY Suite, Apt. #, etc. 27 City & State 28 MIAMI FLORIDA Zip 29 33145 Country 30 US.
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3. Date Incorporated or Qualified 01/02/1986	3a. Date of Last Report 04/27/1995
4. FEI Number 59-2620828	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
10. Name and Address of New Registered Agent	

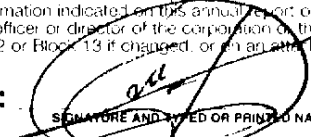
9. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES INC. 1036 S.W. 1 ST. MIAMI FL 33130	
81 Name FLORIDA ANNUAL REPORT SERVICES INC.	82 Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY SUITE # 200
83	
84 City MIAMI	FL 85 Zip Code 33145

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE  **AMADA CANTERA LOPEZ, PRES**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PEREZ, JOSE	1.2 NAME	
STREET ADDRESS	6983 CORAL WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	TSD	2.1 TITLE	☐ Change ☐ Addition
NAME	ACOSTA, JUANA	2.2 NAME	
STREET ADDRESS	6983 CORAL WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:  **JOSE PEREZ** **4/30/96**

CR2E034 (12/95)