

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M25298

1. Corporation Name
PERLOREN CORPORATION

Principal Place of Business

2300 CORAL WAY
#200
MIAMI FL 33145
US

Mailing Address

2300 CORAL WAY
#200
MIAMI FL 33145
US

2. Principal Place of Business

21 2300 Coral Way

Suite, Apt. #, etc

22 Suite # 200

City & State

23 Miami Florida

Zip

Country

24 33145

25

2a. Mailing Address

26 2300 Coral Way

Suite, Apt. #, etc

27 Suite # 200

City & State

28 Miami Florida

Zip

Country

29 33145

30

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC.
2300 CORAL WAY
#200
MIAMI FL 33145

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1986

4. EIN Number

59-2620828

Applied For
Not Applicable

5. Certificate of Status Desired

[]

\$8.75 Additional
Fee Required

6. Election Campaign Financing

[]

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

[] Yes

[] No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered
office or registered agent or 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, President

3/27/99

12. OFFICERS AND DIRECTORS

TITLE

PD

[] DELETE

NAME

PEREZ, JOSE

STREET ADDRESS

6983 CORAL WAY

CITY-ST-ZIP

MIAMI FL

TITLE

TSD

[] DELETE

NAME

ACOSTA, JUANA

STREET ADDRESS

6983 CORAL WAY

CITY-ST-ZIP

MIAMI FL

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

[] Change

[] Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

[] Change

[] Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

[] Change

[] Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

[] Change

[] Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

[] Change

[] Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

[] Change

[] Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(4)(g), Florida Statutes. I further certify that the information
indicated on this annual report or supplemental annual reports 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 on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE PEREZ, President

3/27/99

APPROVED
AND
FILED

99 APR -9 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



0216225

CR2E034 (11/98)