FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL -7 AM 9:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **M51755** **(0)**

1. Corporation Name
SIMPLIPERFECT REALTY INC.

Principal Place of Business	Mailing Address
2500 SW 107 AVE #39 MIAMI FL 33165	P O BOX 52-1635 MIAMI FL 33165 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/07/1987**
3a. Date of Last Report: **05/11/1994**

2. Principal Place of Business
21 **7911 N.W. 72 AVE**
Suite, Apt. #, etc.
22 **#214-A**
City & State
23 **MEDLEY , FLORIDA**
Zip 24 **33166** Country 25 **U.S.A.**

2a. Mailing Address
26 **PO BOX 52-6365**
Suite, Apt. #, etc.
27
City & State
28 **MIAMI, FLORIDA**
Zip 29 **33152-6365** Country 30 **U.S.A.**

4. FEI Number: **26-4588709** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

MORA, CARIDAD L.
29 S. ROYAL POINCIANA BLVD.
MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent

81 Name: **MORA, CARIDAD L**
82 Street Address (P.O. Box Number Is Not Acceptable): **19180 S.W. 127TH PLACE**
83
84 **MIAMI** **FL** 85 Zip Code **33177**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	1.1 TITLE		☑ Change ☐ Addition
NAME	MORA, CARIDAD L.	1.2 NAME		
STREET ADDRESS	29 S. ROYAL POINCIANA BL	1.3 STREET ADDRESS	19180 S.W. 127TH PLACE	
CITY-ST-ZIP	MIAMI SPRINGS FL	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33177	
TITLE	D	2.1 TITLE		☑ Change ☐ Addition
NAME	MORA, CARIDAD L.	2.2 NAME		
STREET ADDRESS	29 S. ROYAL POINCIANA BL	2.3 STREET ADDRESS	19180 S.W. 127TH PLACE	
CITY-ST-ZIP	MIAMI SPRINGS FL	2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33177	
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)(i), 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 on an attachment with an address.

SIGNATURE: _____ 6/19
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

042020 FP