

**PLEASE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # M58418 (8)**

1. Corporation Name  
**JORGE M. PEREZ, R.P.T., P.A.**



Principal Place of Business Mailing Address  
**7171 CORAL WAY, SUITE 316 MIAMI FL 33155**

3. Date Incorporated or Qualified <b>09/02/1987</b>	3a. Date of Last Report <b>05/23/1995</b>
4. FEI Number <b>65-0022053</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**1 CABRERA, RAUL P.  
4201 SW 11TH STREET  
MIAMI FL 33134**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

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

Signature typed or printed name of registered agent and date

(NOTE: Registered Agent's signature required with incorporation)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEREZ, JORGE M.</b>	1 2 NAME
STREET ADDRESS	<b>7171 CORAL WAY, #316</b>	1 3 STREET ADDRESS
CITY- ST- ZIP	<b>MIAMI FL</b>	1 4 CITY- ST- ZIP
TITLE	<input type="checkbox"/> DELETE	2 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2 2 NAME
STREET ADDRESS		2 3 STREET ADDRESS
CITY- ST- ZIP		2 4 CITY- ST- ZIP
TITLE	<input type="checkbox"/> DELETE	3 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME
STREET ADDRESS		3 3 STREET ADDRESS
CITY- ST- ZIP		3 4 CITY- ST- ZIP
TITLE	<input type="checkbox"/> DELETE	4 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY- ST- ZIP		4 4 CITY- ST- ZIP
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STREET ADDRESS		5 3 STREET ADDRESS
CITY- ST- ZIP		5 4 CITY- ST- ZIP
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address.

SIGNATURE: Jorge M. Perez, R.P.T., P.A. 2/5/96 (305) 267-9943  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Display Phone #

CR2E034 (12/95)