

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P92000001136 (0)**

1. Corporation Name:

PEREZ & ASSOCIATES, P.A.

APPROVED
AND
FILED

55 MAY - 1 11:35:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business:

**820 SW 27TH ROAD
MIAMI FL 33129**

Mailing Address:

**820 SW 27TH ROAD
MIAMI FL 33129**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

11/30/1992

3a. Date of Last Report

08/12/1994

4. FEI Number

65-0368649

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

2. Principal Place of Business:

21. Suite, Apt. #, etc.

23. City & State

24. Zip

County

25. Zip

2a. Mailing Address:

26. Suite, Apt. #, etc.

27. City & State

28. Zip

County

29. Zip

County

30. Zip

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEREZ, JOSE R
820 SW 27TH ROAD
MIAMI FL 33129**

81. Name

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

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.1505, Florida Statutes.

SIGNATURE

(Signature of person accepting appointment as registered agent or officer or director)

(Signature of person accepting appointment as registered agent or director)

(Signature)

12. OFFICERS AND DIRECTORS

12.1	D
NAME	PEREZ, JOSE R
STREET ADDRESS	820 SW 27TH ROAD
CITY, STATE, ZIP	MIAMI FL 33129
12.2	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
12.3	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
12.4	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
12.5	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
12.6	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

13.1	NAME	☐ Change ☐ Addition
13.2	STREET ADDRESS	
13.3	CITY, STATE, ZIP	
13.4	NAME	☐ Change ☐ Addition
13.5	STREET ADDRESS	
13.6	CITY, STATE, ZIP	
13.7	NAME	☐ Change ☐ Addition
13.8	STREET ADDRESS	
13.9	CITY, STATE, ZIP	
13.10	NAME	☐ Change ☐ Addition
13.11	STREET ADDRESS	
13.12	CITY, STATE, ZIP	
13.13	NAME	☐ Change ☐ Addition
13.14	STREET ADDRESS	
13.15	CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.071 and 119.072, Florida Statutes. Further, I 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 it was obtained under oath. That I am an officer or director of the corporation or the receiver of the corporation, or the person authorized to file this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this form, or on an attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/95

(305) 857-4412