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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 25 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUI	MENT # P93000	0012839 (5))			
	PERIE, INC.	•	•		·	
Principal Place of Business Mailing Address						A 11/10 1811 (00)
1027 ANDALUSIA AVENUE 1027 ANDALUSIA AVENUE					,	
CORAL GABLES FL 33134 CORAL GABLES FL 3313						
US		US			DO NOT WRITE IN THIS SPACE	
		•			3. Date Incorporated or Qualified	
9 Principal P	lace of Business	2a, Mailing Address			02/18/1993 4. FEI Number	Applied For
21	iace of Business	26			65-0392434	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_ \$9.7	5 Additional
27		27			5 Centificate of Status Desired	Required
City & State Ci		City & State	ly & State		6. Election Campaign Financing \$5.0	00 May Be
28		28				ed to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the current year	
24	25	29	30		Personal Property Tax due June 30. Yes	∐ No
	9. Name and Address of Curren	it Registered Agent	8	1 Name	10. Name and Address of New Registered Agent	
	HAR, JENNIFER		ا	Name		
1027 ANDALUSIA AVENUE			6	2 Street A	Address (P.O. Box Number is Not Acceptable)	
CO	RAL GABLES FL 33134		ä	3		
			6	4 City	FL 85 Z	lip Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida State	utes, the abo	ve-named c	corporation submits this statement for the purpose of changing	g its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig:	of Florida. Such change was ations of, Section 607,0505. F	authorized Florida Statut	by the corpo	poration's board of directors. I hereby accept the appointment	as registered
SIGNATURE	The state of the state of the cong.	20070 017 0000001 001 100000				
	Signature, typed or printed name of registered age	int and title if applicable. (NC	DTE: Registered A	gent signature re	required when reinstaling) DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
TITLE	D DELETE		1.1 TITLE		☐ Chang	ge L Addition
NAME	BEHAR, JENNIFER		1.2 NAM	i		
STREET ADDRESS	1027 ANDALUSIA AVENUE			et address		
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY		☐ Chang	ne Addition
TITLE	D D		2.1 TITLE	i i		ie Noodinei
NAME	BEHAR, LAWRENCE 1027 ANDALUSIA AVENUE		2.2 NAM			
STREET ADDRESS	CORAL GABLES FL			ET ADDRESS		
CITY-ST-ZIP TITLE	OUNAL GABLES FL	DELETE	3.1 TITLE	'-ST-ZIP	☐ Chang	e Addition
NAME			3.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE		DELETE	4.1 TITLE	1	☐ Chang	e Addition
NAME			4.2 NAM	tE		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	-ST-ZIP		
TITLE		DELET E	5.1 TITLE		☐ Chang	ge Addition
NAME			5.2 NAM	Ε		
STREET ADDRESS		•	5.3 STRE	ET ADDRESS		
CITY-ST-ZIP		<u></u>	5.4 CITY	- \$1 - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Chang	ge Addition
NAME			6.2 NAMI	E		
STREET ADDRESS			6.3 STRE	ET ADDRESS		

6.4 CITY - ST - ZIP 14. 4) hereby certify that the information supplied with this filing 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.