SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL -3 PM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000037232 (4)**

1. Corporation Name

PERFECT FORMS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
782 N.W. 42ND AVENUE SUITE 441 MIAMI FL 33126	782 N.W. 42ND AVENUE SUITE 441 MIAMI FL 33126

3. Date Incorporated or Qualified: **05/19/1993**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	☐ Applied For
21 782 N.W. 42 Avenue	26 782 N.W. 42 Avenue	**65-0412749**	☐ Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	☒ **$8.75** Additional Fee Required
22 Suite 200	27 Suite 200		
City & State	City & State	6. Name and Address of Person Filing Document	☐ **$5.00** May Be Added to Fees
23 Miami, Fl	28 Miami, Fl		
Zip	County	Zip	County
24 33126	25 Dade	29 33126	30 Dade

8. This corporation has authority to transact business in Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RICHARDS, ADELITA Q 782 N.W. 42ND AVE. ~~SUITE 441~~ Suite 200 MIAMI FL 33126	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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 _____ DATE

12. OFFICERS AND DIRECTORS		13.	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	RICHARDS, ADELITA Q	12 NAME	
STREET ADDRESS	782 N.W. 42ND AVE. ~~SUITE 441~~ Suite 200	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33126	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I declare to certify that the information supplied with this filing is accurately transcribed and does not qualify for the exemptions 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 above, or on an attachment with an address.

SIGNATURE: Adelita Q Richards 6/28/95 (305) 447-8800

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

ADELITA Q RICHARDS

Date (Daytime Phone #)

000181 CP