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FILED  
Jun 18, 1999 8:00 am  
Secretary of State

06-18-1999 90008 030 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000043800

1. Corporation Name  
PERXI, INC.

Principal Place of Business  
21 S.W. 113 AVE.  
# 104  
MIAMI FL 33174

Mailing Address  
21 S.W. 113 AVE.  
# 104  
MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1993

4. FEI Number

65-0426062

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 11180 WEST FLAGLER ST #1

2a. Mailing Address

Suite, Apt. #, etc.

22 SUITE 16

Suite, Apt. #, etc.

23 MIAMI FL 33174

City & State

Zip Country

Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

RODRIGUEZ, PEDRO

21 S.W. 113 AVE. 11180 W FLAGLER # 16  
# 104  
MIAMI FL 33174 MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name PEDRO RODRIGUEZ

82 Street Address (P.O. Box Number is Not Acceptable)  
11180 W FLAGLER ST # 16

83

84 City MIAMI

85 Zip Code FL 33174

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME RODRIGUEZ, PEDRO  
STREET ADDRESS 21 S.W. 113 AVE. # 104  
CITY-ST-ZIP MIAMI FL 33174

TITLE SD ☐ DELETE  
NAME MARTINEZ, RIGOBERTO  
STREET ADDRESS 4175 S.W. 98 AVE.  
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHARGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 2785 NW 4TH ST  
1.4 CITY-ST-ZIP MIAMI FL 33152

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)