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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mort

Secretary of Sta

DIVISION OF CORPORATIONS

DOCUMENT # P9400000969 (3)

PEREZ-ARCHE & ASSOCIATES, ACCOUNTING & TAX PREPA RATION, INC.

Principal Place of Business 807 S.W. 25TH AVE. SUITE 201 MIAMI FL 33135

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Mailing Address

FILED Mar 17 1998 8:00am Secretary of State



807 S.W. 25TH AVE. SUITE 201 DO NOT WRITE IN THIS SPACE MIAMI FL 33135 3. Date Incorporated or Qualified 01/05/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0457538 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PEREZ-ARCHE, MARIO 807 S.W. 25TH AVE. Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 201** 83 **MIAMI FL 33135** 84 City Zip Code **B**5 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 regulred when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ Addition ☐ DELETE Change TITLE 1.1 TITLE PEREZ-ARCHE, MARIO 1.2 NAME 807 S.W. 25TH AVE. #201 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33135** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETÉ Change ___ Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITL F NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME

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 changes or on an attachment with an address.

6.4 CITY - ST- ZIP

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP