FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 PM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000046026 (8)**

1. Corporation Name
PEREZ & SONS, INC.

Principal Place of Business	Mailing Address
9807 N.W. 80 AVE., BAY 11-E HIALEAH GARDENS FL	9807 N.W. 80 AVE., BAY 11-E HIALEAH GARDENS FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/20/1994
3a. Date of Last Report:

2. Principal Place of Business
21 10226 N.W. 80 AVE.
22 Suite, Apt. #, etc.
23 City & State: Hialeah Gardens, FL.
24 Zip: 33016 Country: 25 U.S.

2a. Mailing Address
26 19133 N.W. 81 PL.
27 Suite, Apt. #, etc.
28 City & State: MIAMI, FL.
29 Zip: 33015 Country: 30 U.S.

4. FEI Number: 65-0503326 ☐ 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

9. Name and Address of Current Registered Agent

PEREZ, REINALDO SR.
19134 N.W. 81 PL.
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name: Alfonso Perez
82 Street Address (P.O. Box Number is Not Acceptable)
83 19133 N.W. 81 PL.
84 City: MiAmi FL 85 Zip Code: 33015

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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: Alfonso Perez V.P., Sec., Treas. 4-11-95
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	PEREZ, REINALDO SR.	1.2 NAME		
STREET ADDRESS	19134 NW 81 PL.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33015	1.4 CITY-ST-ZIP		
TITLE	DV	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	PEREZ, REINALDO JR.	2.2 NAME	PEREZ, REINALDO JR.	
STREET ADDRESS	19134 NW 81 PL.	2.3 STREET ADDRESS	7857 N.W. 188 LN.	
CITY-ST-ZIP	MIAMI FL 33015	2.4 CITY-ST-ZIP	MiAmi, FL. 33015	
TITLE	DVST	3.1 TITLE	DVST	☒ Change ☐ Addition
NAME	PEREZ, ALFONSO	3.2 NAME	PEREZ, ALFONSO	
STREET ADDRESS	7095 NW 179 ST., #205	3.3 STREET ADDRESS	19133 N.W. 81 PL.	
CITY-ST ZIP	MIAMI FL 33015	3.4 CITY-ST-ZIP	MiAmi, FL. 33015	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST ZIP		6.4 CITY-ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Alfonso Perez 4-11-95 305-556-0089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

049011 IN