

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mayhew
Secretary of State
Tallahassee, Florida 32399-0001

**APPROVED
AND
FILED**

05 MAY 10 AM 10:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000093807 (3)

1. Corporation Name

PERFECT DYES INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
8155 N.W. 83RD ST
MEDLEY FL 33166

Mailing Address
8155 N.W. 83RD ST
MEDLEY FL 33166

3. Date Incorporated or Qualified
12/29/1994

3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0543516	Applied For Not Applicable
21. State, Apt. # etc.	26. State, Apt. # etc.	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
22. City & State	27. City & State	6. Has the corporation engaged in any business with the State of Florida?	☐ \$5.00 May Be Added to Fees
23. City & State	28. City & State	7. Has the corporation engaged in any business with the State of Florida?	☐ \$5.00 May Be Added to Fees
24. City & State	29. City & State	8. Has the corporation engaged in any business with the State of Florida?	☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**LOPEZ, JESUS
8155 N.W. 93RD ST.
MEDLEY FL 33166**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

11. Pursuant to the provisions of Sections 607.01(1)(b) and 607.01(1)(c), 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 hereby accepting and accept the obligations of Section 607.01(1)(b), Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
1. NAME	PD LOPEZ, JESUS	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	15126 N.W. 90TH COURT	2. STREET ADDRESS	
3. CITY, ST. ZIP	MIAMI LAKES FL 33015	3. CITY, ST. ZIP	
4. NAME	STD LOPEZ, ALFREDO	4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS	739 WEST 30TH ST.	5. STREET ADDRESS	
6. CITY, ST. ZIP	HALEAH FL 33012	6. CITY, ST. ZIP	
7. NAME		7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY, ST. ZIP		9. CITY, ST. ZIP	
10. NAME		10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST. ZIP		12. CITY, ST. ZIP	
13. NAME		13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY, ST. ZIP		15. CITY, ST. ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 139.01(2)(b)(i), Florida Statutes. I further certify that the information included 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 person officer or director of the corporation or the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

(Signature of Jesus Lopez)

Jesus Lopez - President 2-14-95 (305) 884-4720

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICIAL ON DIVISION