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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT # P94000093807 (3)

PERFECT DYES INC.

Principal Place of Business

8155 N.W. 93 : MEDLEY FL 33		8155 N.W. 93 ST. MEDLEY FL 33168-2029				
				3. Date Incorporated or Qualified 12/29/1994	3a. Date of Last Report 07/26/1996	
2. Principa P	lace of Business	2a, Mailing Address	- (1	4. FEI Number	Applied For	
21 85 11	NW VGST		. 56 St ·	65-0543516	Not Applicable	
Suite Apt	# etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	F 1	City & State	FI.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 331	Country	Zip	Country O US A	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes 🔲 No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
815	PEZ, JESUS 5 N.W. 93 ST. DLEY FL 33166		83 83 1	ress (P.O. Box Number is Not Acceptable N.W. Y. 6 ST	le)	
			84 City M	9M1	FL 85 Zip Code 33166	
11. Pursuant	to the provisions of Sections 607,0502 registered agent, or both, in the State (and 607.1508, Florida Statutes			urpose of changing its registered	
agent La SIGNATURE	adreur Laper	Donn to	11	tion's board of directors. I hereby accep	1/11/197	
	Signature, type-dishipenton name of registered ages		rigistered Agent signature requi		DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	, 🔲 DELETE	1,1 TITLE		Change Addition	
NAME	LOPEZ, JESUS		1.2 NAME			
STREET ADDRESS	15126 N.W. 90TH COURT		1.3 STREET ADDRESS			
CITY-ST ZIP	MIAMI FL 33015		1.4 CITY - ST - ZIP			
TITLE	PŜT	DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	LOPEZ, ALFREDO		2.2 NAME			
STREET ADDRESS	730 WEST 30TH ST.		2 3 STREET ADORESS	•		
CITY - S1 - ZIP	HIALEAH FL 33012		2. 4 CITY - ST - ZIP			
TITLE		DELETE	3 1 TITLE		Change Addition	
NAME			32 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY - ST - ZIP			3 4. CITY-ST-ZIP			
TITLE		DELETE	4 1 TITLE		Change Addition	

14. If do 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 efficer 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

4. 2 NAME

5.1 TITLE 5 2 NAME

6.1 TITLE

6.2 NAME

4 3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

THUE

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

CITY-ST-2IP

CITY-ST-ZIP

CITY-SI-ZP

DELETE

DELETE

FILED

Jan 28 1997 8:00am

Secretary of State

Change

Addition

Addition