

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000012790 (8)**

1. Corporation Name

ALBERTO PEREZ IMPORTS, INC.



Principal Place of Business

**100 S.E. 2ND ST.
SUITE 3940
MIAMI FL 33131**

Mailing Address

**100 S.E. 2ND ST.
SUITE 3940
MIAMI FL 33131**

2. Principal Place of Business

2a. Mailing Address

21

26

3. Date Incorporated or Qualified

3a. Date of Last Report

02/15/1995

4. FEI Number

65-0557518

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

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMOLER, BRUCE J
100 S.E. 2ND ST.
SUITE 3940
MIAMI FL 33131**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

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

(Print Name of Agent Signature) (Print Name of Agent Signature)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
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13. TITLE
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57. TITLE
58. NAME
59. STREET ADDRESS
60. CITY-STATE-ZIP
61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-STATE-ZIP

**D
PAULSON, PHIL
100 S.E. 2ND ST. SUITE 3940
MIAMI FL 33131**
**D
WHITEBOOK, ROBERT
100 S.E. 2ND ST. SUITE 3940
MIAMI FL 33131**

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14. I do hereby certify that the information supplied was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, that I am authorized or duly empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, whichever is applicable, or on an attachment with address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/96

305
685-6725

CR2E034 (12/95)