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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997

## DOCUMENT # P95000012790 (8)

ALBERTO PEREZ IMPORTS, INC.  Principal Place of Business										
					•	3. Date 02/1	Incorporated or Qualifi 5/1995		ate of Last R <b>14/1996</b>	eport
· ·	lace of Business		2a. Mailing Add		20 - 6 - 7	4. FEI N		1 2-4	Ap	plied For
Suite, Apt	#, etc.		26 4 /00 Suite, Apt.		DAN STACKT				\$8.75 A	t Applicable
22			27	Suite	<u> </u>	5. Certi	ficate of Status Desired		Fee Re	
City & State	e		City & State		ED.	I	ion Campaign Financin	~	\$5.00	•
<b>Z</b> ip		Country	28 70 C	ywoop	Country		Fund Contribution corporation has liability	for intendible	Added t	
24	25		29	33071 3	··· /) ·	Florid	da Statutes		☐ No	. 155.052,
	9. Name and DLER, BRUCE	Address of Current	Registered Agent		81 Name		e and Address of New	Registered	Agent	
100 SUN MIAN	S.E. 2ND ST. TE 3940 MI FL 33131		and 607.1508, Flor	ida Statutes.	83 84 City ;		ox Number is Not Acce	FL	.	Code s registered
agent. Fai SIGNATURE	ım tamılıar with, a	and accept the obligat	and title if applicable	7.0505, Florid	da Statutes. Registered Agent signature r	equired when reinstat	ing)	DATE		
12. Title	<b>D</b>	OFFICERS AND		ELETE	<b>13.</b> 11 TITLE	ADDIT	IONS/CHANGES TO O	FFICERS AND	DIRECTOR Change	S IN 12
NAME	PAULSON, P	HIL	7		12 NAME				L'1 Ollange	L.J Addition
STREET ADDRESS		ST. SUITE 3940			13 STREET ADDRESS					
CHTY-ST-ZIP	MIAMI FL 33	131			1.4 CiTY+ST-ZiP					
TITLE	D	DAREDT	<u></u> □ t	ELETE	21 TITLE				Change	Addition
NAME	WHITEBOOK	ST. SUITE 3940	)		22 NAME	,		6	10 46	
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33				23 STREET ADDRESS			DUIT	eco	
TITLE				ELETE	2 4 City-St-ZiP 31 Title				Change	Addition
NAME					3 2 NAME					
STREET ADDRESS					3.3 STREET ADDRESS					
CITY-ST-ZIF					3 4. CITY - ST - ZIP		***************************************			
TITLE			<b>□</b> (	DELETE	4 1 THTLE				Change	Addition
NAME STREET ADDRESS					4. 2 NAME					
CITY-ST-ZIP					4.3 STREET ADDRESS					
TITLE				ELETE	4.4 CiTY-ST-ZIP 5.1 TiTLE		***************************************	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			- <del>-</del>		5.2 NAME				•	
STREET ADDRESS					5.3 STREET ADDRESS					
City - St - 2iP	P** 18 - 18 ab 17 - 11 M - 18 d - 18 - 18 - 18 - 18 - 18 - 18 -	# .h			54 CITY-ST-ZIP					
TITLE				ELETE	61 TITLE				Change	Addition
NAME					6.2 NAME					

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do hereby certify that the Normation 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 immuel report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Blo

\$TREET ADORESS

CITY-ST-ZIP

**FILED** 

Feb 18 1997 8:00am

Secretary of State