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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000012790

1. Corporation Name

ALBERTO PEREZ IMPORTS, INC.

Principal Place	e of Business	Mailing Address	-			##	<b>a</b> lti <b>aa</b> ti s <b>a</b> at
100 S.E. 2ND ST.		4700 SHERIDAN STREET					
SUITE 3940		SUITE 5		DO NOT WRITE IN THIS SPACE			
MIAMI FL 33131		HOLLYWOOD FL 33021 US		3. Date Incorporated or Qualifed			
	•	us			02/15/1995		Ì
3. Dein stool Di	face of Business	2a. Mailing Address			4. FEI Number	Ann	lied For
<b>└</b> ─, '	lace of Business	26			65-0557518	<del> </del>	Applicable
Suite, Apt.	# atc	Suite, Apt. #, etc.				\$8.75 A	
22	m, 610.	27			5. Certifcate of Status Desired	Fee Rec	
City & State	e	City & State	•		6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Count	гу	8. This corporation owes the current year I		
24	25	29 ,	30		Personal Property Tax.		□No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registere	d Agent	
		1	8	1 Name			
	OLER, BRUCE J		8	2 Street Addr	ress (P.O. Box Number is Not Acceptable)	•	_
	S.E. 2ND ST.		L				
	E 3940	/	8	3			1
MAIM	VII FL 33131		<u> </u>	4 City	<u> </u>	. 85 Zip C	ode
<u> </u>	•	•		1 - 7	<u></u>		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	es, the abo	ive-named corp	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its r	egistered
office or r	egistered agent, or both, in the State on familiar with, and accept the obligat	tions of, Section 607.0505, Flor	rida Statute	es.	SITS position directors. Thoroby decept the app	o	
SIGNATURE		` ` `		1			
SIGNATURE	Signature, typed or printed name of registered agen-	t and title if applicable (NOTE:	Registered Ad	ent signature require	d when reinstating) DATE		
12.		<u> </u>		,	e mai :	DIDECTO	20 114 40
	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
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6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated (N Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual eport 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 true see empowered to faculty this report as inquired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, 4 (1) an attachment with private least with all other like empowered.