

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000043517 (8)**

1. Corporation Name

GENE PEREZ HOLDINGS, INC.



Principal Place of Business

**211 CHEROKEE STREET
MIAMI SPRINGS FL 33166**

Mailing Address

**211 CHEROKEE STREET
MIAMI SPRINGS FL 33166**

2. Principal Place of Business

21

Suite, Apt. #

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BALLESTAS, ACHILLES
7730 SW 68 TERRACE
MIAMI FL 33143**

3. Date Incorporated or Qualified
06/06/1995

3a. Date of Last Report

4. FEI Number
65-0611989

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

10. Name and Address of New Registered Agent

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 607.1502, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person authorized to sign this report on behalf of the corporation.

Signature of the person authorized to sign this report on behalf of the corporation.

Date

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

**PEREZ, EUGENIO
211 CHEROKEE ST
MIAMI SPRINGS FL 33166**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

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STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is 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 or the receiver or trustee employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change is shown on an attached with an address.

SIGNATURE:

Eugenio J. Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-96

305-808-6400

91# 305-291-0426

CR2E034 (12/95)