

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000059259

1. Corporation Name

PERANTO INVESTMENT CORPORATION

Principal Place of Business

1055 NW 27TH AVENUE  
MIAMI FL 33125  
US

Mailing Address

9801 COLLINS AVE  
19-J  
MIAMI BEACH FL 33154  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

VALDES, DAGOBERTO  
8404 S.W. 40TH ST  
MIAMI FL 33155

3. Date Incorporated or Qualified

08/01/1995

4. FEI Number

65-0638805

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 owes the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

MARIA E. QUINTERO

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

83 9801 COLLINS AV. # 19 J

84 City

MIAMI BEACH

FL

85 Zip Code

33154

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

*[Signature]*

3/1/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

QUINTERO, JAVIER QUINTERO

STREET ADDRESS

9801 COLLINS AVENUE, APT 19-J

CITY-ST-ZIP

MIAMI BEACH FL 33154

TITLE

VPD

☐ DELETE

NAME

DE QUINTERO, ANA QUINTERO

STREET ADDRESS

9801 COLLINS AVE., APT 19-J

CITY-ST-ZIP

MIAMI BEACH FL 33154

TITLE

TSD

☐ DELETE

NAME

QUINTERO, ANTONIO QUINTERO

STREET ADDRESS

9801 COLLINS AVE., APT 19-J

CITY-ST-ZIP

MIAMI BEACH FL 33154

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 officer 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99 (305) 865-6722  
Date Daytime Phone #

CR2E034 (1/1/98)

0223153

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90143 043 \*\*\*150.00



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