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

PROFIT . **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000037202 (4)

BRENDA L. PEREZ ENTERPRISES, INC.

Principal Place of Business

Mailing Address



97 JUN 23 PM 2:55

SECRETARY OF STATE TALLAHASSEE, FLORIDA



MIAMI BEACH FL 33140		MIAMI BEACH FL 33140-4031				
				3. Date Incorporated or Qualified 04/25/1996	3a. Date of Last Report	
	lace of Business	2a. Mailing Address	· oth 1	4. FEI Number	Applied For	
21 /5/2/	110 8 31	26 /6/20 NU	0837	65-0668431	Not Applicable	
Suite, Apt.	broke Pines	Suita Apt. #, etc. 27 Pembrot	Ke Pines	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 33 <i>L</i>		L 20 33028 3	Country 30 Brown		Yes No	
	g. Name and Address of Curren	t Registered Agent		10. Name and Address of New Re	gistered Agent	
	ELO, LYDIA E		81 Name			
	3200 COLLINS AVE., ₱111 MIAMI BEACH FL 33140			82 Street Address (P.O. Box Number is Not Acceptable)		
			83			
ž .			84 City		FL 85 Zip Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050, egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607.1508, Plorida Statutes of Florida. Such change was au ations of, Section 607.0505, Flor	s, the above-named of thorized by the corpida Statutes.	corporation submits this statement for the p ioration's board of directors. I hereby accep	urpose of changing its registered the appointment as registered	
SIGNATURE						
	Signature, typed or printed name of registered ager		Registered Agent signature		DATE	
12.	OFFICERS AND	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC		
TOTLE	PEREZ, BRENDA L	L. DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME ATTECT LABORED	3200 COLUNS AVE., #111		1.2 NAME			
STREET ADDRESS	MIAMI BEACH FL 33140		1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	THE OF THE STATE O	DELETE	1.4 CHY-ST-ZIP 2.1 TITLE	6000022	- 1 Billinea Timalann	
NAME		legal of the control of	2.2 NAME	-06/24/s	37U1057UU8	
STREET ADDRESS			2.3 STRLET ADDRESS	*****165	5.00 ****165.00	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
City-St-ZIP .		· · · · · · · · · · · · · · · · · · ·	4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 111LE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	Λ /	111.5	
CITY-ST-ZIP	***		5.4 City-St-ZiP		(1/1W)	
TITLE		DELETE	6.1 TITLE	V . •	Change Addition	
NAME			6.2 NAME	10	17.2100	
STREET ADDRESS			6.3 STREET ADDRESS	Y	[V] [[
CITY-ST-ZIP			6.4 PITV_ST_7/P		i i	

14. I do 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.