PROFIT CORPORATION ANNUAL REPORT 1999

Principal Place of Business



Mailing Address

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000016109

PEREZ-ALAMO SHIPPING CORP.

1418 NW 82ND AVE 1418 NW 82ND AVE MIAMI FL 33126 WIS US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/17/1997			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Apr	plied For
21 26 26						65-0727478		Not	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.								\$8.75 A Fee Re	
City & Stat	e,	City & State				6. Election Campaign Financing Trust Fund Contribution	· 🗆	\$5.00 Added to	
Zip	Country	Zip	C0U	ntry		This corporation owes the current Personal Property Tax.			⊠ No
24	9. Name and Address of Curre		30	_		10. Name and Address of New Re	gistered Ag	ent	<u> </u>
	y. Mame and Address of Cum	BIIT MARISTELLAN WAGGIT		81	Name				
PEREZ, DUNNEY C 751 NW 134TH AVE MIAMI FL 33182				82	2 Street Address (P.O. Box Number is Not Acceptable)				
				83					
				84	City		FL	85 Zip C	
	egistered agent of both, in the State m familia: with and accept the oblig	e of Florida. Such Change was a getions of, Section 607.0505, Flor	nida Statu Statu	ites.	(7		urpose of chathe appointm		registered jistered
	Signification of field or printed near the requisite fed by	gent and title if applicable. (NOTE AND DIRECTORS	Registered		f industrine tadn	red when reinstating) ADDITIONS/CHANGES TO OFFI		DIRECTO	RS IN 12
12.		DELETE	1,1 11	n F		ADDITIONS/OFFICES TO GET		Change	Addition
TITLE	CDMV		1.2 N						
NAME	PEREZ, DUNNEY C 751 NW-134TH AVE				ADDRESS				
STREET ADDRESS	MIAME FL 33182		140		1				
CITY-ST-ZIP	U What LE 22 tos	DELETE	21 111	_			С	Change	Addition
NAME	PEREZ-ALAMO, DUNNEY		22 N]				
STREET ADDRESS			2.3 51	2.3 STREET A					
CITY-ST-ZIP	MIAMI FL 33134		2.40	ITY-5	T-21P				
TITLE	1110 210 1 C 00 101	DELETE	2177	_				Change	Addition
	1		224		!				

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 suppliers fital 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 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 attackment with an address, with all other fike empowered.

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CiTY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 T/TLE

5.2 NAME

6.1 TILE

8.2 NAME

☐ DELETE

DELETE

DELETE

CICMATURE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZP

TITLE

NAME

TITLE

NAME

TITLE

NAME

27-99 3017639-4785

Change

Change

Change

☐ Addition

Addition

Addition

Deytime Phone

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90138 013 ***150.00