

FILED
May 27, 1999 8:00 am
Secretary of State

05-27-1999 90005 022 ***150.00

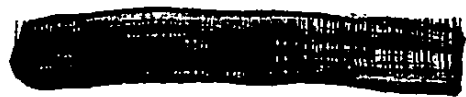
PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # P97000023073 ✓

1. Corporation Name
PEREZ HERMOS INC.



Principal Place of Business Mailing Address
3820 N.W. 135 ST.
BAY K OPALOCKA
FL. 33054

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2a. Mailing Address
3820 N.W. 26
 Suite, Apt. #, etc. 135 ST. BAY K 27
 City & State OPALOCKA FL. USA 28
 Zip Country 33054 29

3. Date Incorporated or Qualified
3/1997
 4. FEI Number 65-0743640 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

9. Name and Address of Current Registered Agent
Michael Felden Khais, P.A.
1200 BISCAYNE BLVD.
SUITE 220 MIAMI FL.
33181

10. Name and Address of New Registered Agent
 81 Name Jose P. Perez
 82 Street Address (P.O. Box Number is Not Acceptable) 3820 N.W. 135 ST.
 83 BAY K OPALOCKA
 84 City FL 85 Zip Code 33054

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
[Signature] 4/29/1999

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	<u>Jose P. Perez</u>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<u>18226 WIND. BLVD. APT.</u>	1.2 NAME	
	<u>#1608 MIAMI FL. 33015</u>	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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] DATE: 4/29/99