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 # P9700033087

1. Corporation Name

ORESTES PEREZ, P.A.

Principal Place of Business

198 N.W. 37TH AVENUE MIAMI FL 33125

Mailing Address

198 N.W. 37TH AVENUE MIAMI FL 33125

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90153 024 ***150.00



ļ				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 04/11/1997
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		APPLIED FOR 65-0817995 Not Applicable
		Suite, Apt. #, etc.		\$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country Zip		Country	This corporation owes the current year Intangible
24	25	_ 	50	Personal Property Tax.
	9. Name and Address of Curre			10. Name and Address of New Registered Agent
FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 81 Name John H. Ruiz Esg. 82 Street Address (P.O. Box Number is Not Acceptable) 198 Num 37 Ave.				
			84 City	icumi FL 85 Zip Code 33125
11. Pursuant to the previsions 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 apr familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE	Stignature, typed or profited name of registered age	or and title if applicable. (NOTE: R	egistered Agent signature required	5 when reinstating) (ATE
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0	DELETE	1.1 TIPLE	☐ Change ☐ Addition
NAME	PEREZ, ORESTES		1.2 NAME	
STREET ADDRESS			1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125		1.4 CITY-ST-ZIP	·
TITLE		☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS				
	? <u> </u>		3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		C) DELETE	3.4. C/TY-ST-ZIP	Channe C & differen
NAME		C occur	4.1 TITLE 4.2 NAME	☐ Change ☐ Addition
	.[
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP	ļ	☐ DELETE	4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	Change Addition
NAME				
STREET ADDRESS	[5.3 STREET ADDRESS	
CITY-ST-ZIP	ļ		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS	·[6.3 STREET ADDRESS	
			■	

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 on the reserver or truetee 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 adactment with an address, with all other like empowered.

SIGNATURE: