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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra Bi Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000033873 (5)

Block 12 or Block 13 if changed or on an alrachment with an address.

JUAN CARLOS PEREZ, P.A.

Principal Place of Business

Mailing Address

FILED May 15 1998 8:00am Secretary of State



1106 NOMMANDY DRIVE MIAMI BEACH FL 33141		MIAMI BEACH FL 33141		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
21 1106 I Suite, Apt. 1 22 City & State 23 Miami Zip 24 33141		28. Mailing Address 26 1106 Norman Suite, Apt. #, etc. 27 City & State 28 Miami Beacl Zip 29 33141 30 Registered Agent	h, F1c Country 0 U.S. 81 82 83	orida .A.	10. Name and Address of New Registered ess (P.O. Box Number is Not Acceptable)	\$8.75 Fee Re \$5.00 Added Irrent year Int Yes Agent	oplied For ot Applicable Additional equired May Be to Fees tangible No
office or re	o the provisions of Sections 607.050/ ogistered agent, or both, in the State n familiar with, and accept the obliga	of Florida. Such change was aut	horized by t	named corpo he corporation	FL poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	of changing it	s registered registered
SIGNATURE	Signature, typed or printed name of registered ages	at and little if applicable (NOTL: F	legistered Agent	signature require	ed when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	PD	DELETE	1.1 TITLE			Change	Addition
NAME	PEREZ, JUAN C		1.2 NAME				Ì
STREET ADDRESS	1558 NORMANDY DRIVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33141		1.4 CiTY-S1-ZiP				
TITLE		☐ DELETE	2.1 THEF			Change	Addition
NAME			2.2 NAME	l			
STREET ADDRESS			2.3 STREET AL	DORESS			
CITY-ST-ZIP			2. 4 CITY - ST-	- ZIP			
TITLE		DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME	1			
STREET ADDRESS			3.3 STREET AL	odress			ì
CITY-ST-ZIP			3.4. CITY-ST-	- ZIP			
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET AL	DORESS			
CITY-ST-ZIP			4.4 CITY-ST-	ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME	İ			
STREET ADDRESS			5.3 STREET AC	ODRESS			
CITY-ST-ZIP			5.4 CITY - ST -	ZIP			
TITLE			6.1 TITLE		Change		Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET AC	ODRESS			
CITY-ST-ZIP			6.4 CHY-ST-	ì			:
14. I hereby co			the exemption	on stated in S	Section 119.07(3)(i), Florida Statutes. I further co		
indicated (on t his a nnual report or supplemental	annual report is true and accura	ate and that	my signature	re shall have the same legal effect as if made un pired by Chantal 507, Forida Statutes; and that	nder oath; tha	at I am an