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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT# F

ST-ZIP	MIAMI FL 33137		1.4 CITY-ST-ZIP			
	VD	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
	SCOTT, EUCARIS		2.2 NAME	İ		
ET ADDRESS	600 N.E. 36 ST, #2014		2.3 STREET ADDRESS	•		
ST-ZIP	MIAMI FL 33137		2. 4 CITY-ST-ZIP		~ 	
	SD	☐ DELETE	3.1 TITLE		Change	☐ Addition
	TORRES, JUAN CARLOS		3.2 NAME			
ET ADDRESS	600 N.E. 36 ST, #2014		3.3 STREET ADDRESS		•	
ST-ZIP	MIAMI_FL 33137		3 4. CITY-ST-ZIP			
	TD	DELETE	4.1 TITLE		☐ Change	Addition
=	VILLALONGS, MARIA		4. 2 NAME			
ET ADDRESS	8357 S.W. 107 AVE, #A		4.3 STREET ADDRESS			•
ST-ZIP	MIAMI FL 33173		4.4 CITY-ST-ZIP		.	
	D	☐ DELETE	5.1 TITLE	TD	Change	☐ Addition
	SCOTT, SONIA		5.2 NAME	SCOTT, SONIA	• •	
ET ADDRESS	600 N.E. 36 ST, #2014	•	5.3 STREET ADDRESS	600 N.E. 36 ST, # 201	4	
ST-ZIP	MIAMI FL 33137		5.4 CITY-ST-ZIP	MIAMI FL 33137		
		☐ DELETE	6.1 TITLE		☐ Change	Addition
: 1			6.2 NAME	·	•	
ET ADDRESS			6.3 STREET ADDRESS			
ST-ZIP			6.4 CITY-ST-ZIP			
I hereby of indicated	ertify that the information supplied with this on this annual report or supplemental annual	filing does not qualify for If report is true and accura	the exemption state ate and that my sigr	d in Section 119.07(3)(i), Florida Statutes. I fur nature shall have the same legal effect as if ma	ther certify that the in ade under oath; that I	formation am an

FILED Feb 22, 1999 8:00 am Secretary of State 02-22-1999 90118 032 ***150.00

1 Comoration	Wama # P9/000	U89994		J	
T. Corporation	n Name				
ALL PER	IFUMES CORP.			1 168 168 168 168 188 188 188 188 188 18	
Principal Place	e of Business	Mailing Address		1 2001500 510 10141 10011 40111 TRUL	· Boite #6(8) 16116 16116 16119 1611 1661
9600 NW 25 ST	TREET	600 N.E. 36 ST			
#3C		2014		DO NOT WONT	- N. T. (10 0D 405
MIAMI FL 33172 MIAMI FL 33137		_		DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualifed	
3 Principal D	lace of Business	2a. Mailing Address		10/20/1997 4. FEI Number	Applied For
· ·	ace or business	26		65-0789301	Not Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.			\$8.75 Additional
27			5. Certifcate of Status Desired	Fee Required	
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current	nt year Intangible
24	25		10	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
VILL	ACRECES, MANUEL		81 Name		ì
,	N.E. 36 ST		82 Street	Address (P.O. Box Number is Not Acceptab	le)
#20°			<u>-</u> -		
	MI FL 33137		83	· 等例:图形位	
4 1945-41	WITE 33137		84 City		85 Zip Code
		1007.4500 51.31.00			
office or re	onictored agent or both in the State of	of Florida, Such change was aut	horized by the com	corporation submits this statement for the p oration's board of directors. I hereby accept	the appointment as registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	da Statutes.		•
SIGNATURE	Signature, typed or printed name of registered agent	and title if sonliceble (NOTE E	Registered Agent signature	required when reinstating)	DATE
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFI	
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	VILLACRECES, MANUEL		1.2 NAME		
STREET ADDRESS	600 N.E. 36 ST, #2014		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33137		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, EUCARIS		2.2 NAME		
STREET ADDRESS	600 N.E. 36 ST, #2014		2.3 STREET ADDRESS		ļ
CITY-ST-ZIP	MIAMI FL 33137		2. 4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		Change Addition
NAME.	TORRES, JUAN CARLOS		3.2 NAME		·
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CITY-ST-ZIP	MIAMI FL 33137		34. CITY-ST-ZIP		
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STREET ADDRESS	8357 S.W. 107 AVE, #A		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173	□ DELETE	4.4 CITY-ST-ZIP	- -	Change Addition
TITLE	D COTT CONTA	☐ DELETE	5.1 TITLE 5.2 NAME	TD SCOTT, SONIA	Change
NAME	SCOTT, SONIA		5.3 STREET ADDRESS		14
STREET ADDRESS	600 N.E. 36 ST, #2014		5.4 CITY-ST-ZIP	1	· · · · · ·
CITY-ST-ZIP	MIAMI FL 33137	☐ DELETE	6.1 TITLE	MIAMI FL 33137	Change Addition
NAME		_ 500000	6.2 NAME		
NAME OTREET ADDRESS			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 CITY-ST-ZIP		{
CITY-ST-ZIP			3.4 OK 1-01-20	1	

Indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am all 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 all address with all other like empowered.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR