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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000044339

1. Corporation Name
SYLVIO PERDOMO, INC.

Principal Place of Business	Mailing Address
C/O WILLIAM M. PAVLOV, P.A. 633 N.E. 167TH STREET, SUITE 701 N. MIAMI BEACH FL 33162	C/O WILLIAM M. PAVLOV, P.A. 633 N.E. 167TH STREET, SUITE 701 N. MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4670 PEMBROOK PL.	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/14/1998	
Suite, Apt. #, etc. 22 ORLANDO, FL.	Suite, Apt. #, etc. 27	4. FEI Number 31-1610846	☐ Applied For ☐ Not Applicable
City & State 23 ORLANDO, FL.	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 32811 Country 25 USA.	Zip 29 Country 30	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	10. Name and Address of New Registered Agent
PAVLOV, WILLIAM M 633 N.E. 167TH STREET SUITE 701 N. MIAMI BEACH FL 33162	81 Name SYLVIO Perdomo 82 Street Address (P.O. Box Number Is Not Acceptable) 83 ~~4670 Pembrook Place~~ Orlando, FL 32811 84 City O FL 85 Zip Code

11. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PERDOMO, SYLVIO	1.2 NAME	
STREET ADDRESS	633 N.E. 167TH STREET, SUITE 701	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	1.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BECERRA, MARIA TERESA	2.2 NAME	
STREET ADDRESS	633 N.E. 167TH STREET, SUITE 701	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 REQUIRED (407) 481-8724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)