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

**PROFIT** CORPORATION ANNUAL REPORT

1999



DOCUMENT # P98000058164

## May 10, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State 05-10-1999 90235 025 \*\*\*150.00 DIVISION OF CORPORATIONS

**FILED** 

PERCEPTUAL RESEARCH, INC. Principal Place of Business Mailing Address 8260 WEST FLAGLER STREET 8260 WEST FLAGLER STREET SUITE 1D SUITE 1D DO NOT WRITE IN THIS SPACE MIAMI FL 33144 MIAMI FL 33144 3. Date Incorporated or Qualifed 06/30/1998 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0854199 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing  $\Box$ Trust Fund Contribution Added to Fees 23 28 Country Zip Zip Country 8. This corporation owes the current year Intangible □No Personal Property Tax. 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HAGEN, MAX M 82 Street Address (P.O. Box Number is Not Acceptable) 3990 SHERIDAN STREET, #104 HOLLYWOOD FL 33021 83 Zip Code 84 City 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE NAME MIGUEL, CAMILO JR. 12 NAME STREET ADDRESS 8260 WEST FLAGLER STREET #1D 1.3 STREET ADDRESS **MIAMI FL 33144** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 2.1 TITLE **VPSD** TITLE RODINO; MAURICIO J 2.2 NAME NAME 8260 WEST FLAGLER STREET #1D 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33144** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 31 TILE ☐ Change ☐ Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE Change 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change \_\_\_ Addition ☐ DELETE TITLE

CITY-ST-ZIP 14. Thereby 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

INTED NAME OF SIGNING OFFICER OR DIRECTOR

(11/98)

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