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

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FILED Mar 04, 1999 8:00 am **Secretary of State**

03-04-1999 90209 028 ***150.00

1999 DOCUMENT # P98000089477

RAFAEL E. PEREZ & ASSOCIATES, P.A.

Mailing Address Principal Place of Business 30 N.W. 87TH AVE., UNIT 201 30 N.W. 87TH AVE., UNIT 201 MIAMI FL 33172 MIAMI FL 33172 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/20/1998 2a. Mailing Address Applied For 2. Principal Place of Business FEI Number Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State П Added to Fees Trust Fund Contribution 28 23 8. This corporation owes the current year Intangible Country Zip Zip Country Yes ΠNo Personal Property Tax. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 PEREZ, RAFAEL E Street Address (P.O. Box Number is Not Acceptable) 82 30 N.W. 87TH AVE., UNIT 201 **MIAMI FL 33172** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. 12. [] Change □ DELETE 1.1 TITLE TITLE 1.2 NAME PEREZ, RAFAEL E NAME

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.3 STREET ADDRESS STREET ADDRESS 30 N.W. 87TH AVE., UNIT 201 1.4 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME PEREZ, RAFAEL E NAME 2.3 STREET ADDRESS 30 N.W. 87TH AVE., UNIT 201 STREET ADDRESS 2.4 CITY-ST-ZIP MIAMI FL 33172 CITY-ST-ZiP Change Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Addition Change [] DELETE TITLE 6.2 NAME NAME 6.3 STREET ADORESS

his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with indicated on this annual report or supplemental a officer or director of the corporation or the receive Block 12 or Block 13 if cha

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADORESS

CR2E034 (11/98)