FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

 PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 5 //2 44

Principal Place	of Business	Mailing Address			_		
Albert Perez Albert Perez							
	ouglass Rd	P.O.BOX 65					
SUITE :	# <u>1</u> 01	MIAMI, FL.		5-1221	3. Daty Incorporated or Qualified		Last Report
MIAMI,					11990	1;	95
2. Principal Pla 21	ice of Business	28. Mailing Address		4. FEI Number 65÷0228608		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					Not Applicable
22]		27		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State	-		6. Election Campaign Financing	F***1	\$5.00 May Be
23		28	·		Trust Fund Contribution		Added to Fees
Zip 24]	Country 25	Zip			This corporation has liability for intangible tax under s 199,032, Florida Statutes		
::1	9. Name and Address of Current		130	···	10. Name and Address of New R		ent
4			81	Name		ogisto.co Ag	
ALBERT PEREZ			82	Stroot Addr	ddress (P.O. Box Number is Not Acceptable)		
2307 DOUGLASS RD SUITE # 101 MIAMI, FL. 33145				Street Addi	less (F.O. DOX NOMOGI IS NOT Acceptato	e)	
MATM.	I, FL. 33145		B3				
			84	City			85 Zip Code
		<u>.</u>	1	' '		- FI	· '
	ad agent, or both, in the State of Florida n, and accept the obligations of, ectic			oration's boar	ration submits this statement for the purp rd of directors. I hereby accept the appo	pose of chang pintment as re	gistered agent. I am
s			TE: Registered Ag	nt signature require	u when reinstaring	DAIL	
12.	OFFICERS AND		13.	····	ADDITIONS/CHANGES TO OFFI	CERS AND D	IRECTORS IN 12
TITLE	PRESIDENT	☐ DELETE	1 1 TITLE				Change
NAME STREET ADDRESS	Albert Perez		1.2 NAME				
CITY-ST-ZIP	2307 DOUGLASS RD	SUITE #101	•	T ADDRESS			
TILLE	ED DELETE		2 1 TITLE	CITY - S1-ZIP TITLE Change		Change	
NAME	MIAMI, FL. 33145		2 2 NAME			Ļ	Change Aboution
STREET ADDRESS				T ADDRESS			
CHY ST ZIP			2 4 CITY-	·			
TIFLE		DELETE	3 1 TITLE				Change
NAME			3 2 NAME				
STREET ADDRESS			33 STREE	T ADDRESS	40000170	(000	А
CITY ST-ZIP			3.4 C(TY -	ST-ZIP	40001793834 		
Tille	☐ DELETE		4. 1 TITLE		***200.00	• • • • • •	Change Addition
NAME			4 2 NAMÉ				
STREET ADDRESS				T ADDRESS			
City-ST-ZiP Title		DELETE	4.4 CiTY - 5. 1 TiTLE	SI · ZIP			Change
NAME		Detter	5.2 NAME	}			Change
STREET ADDRESS			4	T ADDRESS			
CITY-S1-ZIP			5.4 CITY -				
TILE	7 77 400	DELETE	6 1 TITLE	v. 611			Change
NAME			6.2 NAME				- -
STREET ADDRESS			63 STREE	I ADDRESS			

certify that the information indicated of this administration of supplemental artifular report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or true 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 ettachment with an address.

SIGNATURE: