

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

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95 JUL 10 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

200001533832
-07/10/95--01081--001
DO NOT WRITE IN THESE SPACES \$225.00

DOCUMENT # **S45537 (5)**

1. Corporation Name
HUGO PEREZ INVESTMENTS, INC.

Principal Place of Business Mailing Address
C/O FLORIDA REGISTERED AGENTS, INC. C/O FLORIDA REGISTERED AGENTS, INC.
400 SE 2ND ST., #3600 100 SE 2ND ST., STE 0000
MIAMI FL 33101 MIAMI FL 33131
US US

3. Date Incorporated or Qualified **04/16/1991** 3a. Date of Last Report **04/29/1994**
4. FEI Number **65-0265273** Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **2601 S. Bayshore Dr.** 26 **2601 S. Bayshore Dr.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 1600** 27 **Suite 1600**
City & State City & State
23 **Miami, Florida** 28 **Miami, Florida**
Zip Country Zip Country
24 **33133** 25 **U.S.** 29 **33133** 30 **U.S.**

9. Name and Address of Current Registered Agent
FLORIDA REGISTERED AGENTS, INC.
100 SE 2ND ST., #3600
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name **AZ Registered Agent Corporation**
82 Street Address (P.O. Box Number is Not Acceptable) **2601 S. Bayshore Dr.**
83 **Suite 1600**
84 City **Miami, FL** 85 Zip Code **33133**

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 Sections 607.0502 and 607.1508, Florida Statutes.

SIGNATURE By: **Justin T. Wilson** Secretary
Signature of Registered Agent (Signature of Registered Agent required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, HUGO, M.D.	12 NAME	PEREZ, HUGO, M.D.
STREET ADDRESS	1920 SW 125TH CT.	13 STREET ADDRESS	7150 W. 20th AVE. SUITE 205
CITY - ST - ZIP	MIAMI FL	14 CITY - ST - ZIP	MIAMI, FLA. 33016
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 affidavit.

SIGNATURE: **Justin T. Wilson** Date: **6/5/95** Type: **315-578-6460**