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 #
1. Corporation Name S45537

(5)

HUGO PEREZ INVESTMENTS, INC.

1													
Principa' Place of Business Mailing Address								.,.,.				811 3 1511 81811 1581	
	2601 S. BAYSHORE DR. STE. 1600 MIAM! FL 33133			\$TI	2601 S. BAYSHORE DR. STE. 1600 MIAMI FL 33133				B. Daniel and a second a second and a second	Ta- 500	of Look !	Florida "I	
US				US	U\$							of Last Report 17/10/1995	
	Principal Plac	ce of Busine	SS		ailing Address				4. FEI Number	.L		Applied For	
21	Cuito Apt 4	oto .		26	ilte, Apt. #, etc.				65-0265273		607	Not Applicable	
22	Suite, Apt. #, etc.			27	·····)			5. Certificate of Status Desired			5 Additional Required		
	City & State				City & State				Election Campaign Financing Trust Fund Contribution			00 May Be	
23	Zip	Zip Country			Zip Country				Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032,				
24	=16-	horay h		29	30				Florida Statutes Yes No				
g. Name and Address of Current Registered Agent									10. Name and Address of New R	egistered /	\gent		
						}	B1	Name					
A Z REGISTERED AGENT CORPORATION 2601 S. BAYSHORE DR.							82	Street Addre	treet Address (P.O. Box Number is Not Acceptable)				
	2003 S. STE. 16		RE UK.				83						
	MIAMI F					-	84	Ca.			OF :	Zip Code	
							04	City		FL	85 Z	np 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 regist 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											registered office ad agent. I am		
SIGNATURE Signature, typnot or privated number of registered agent, and this if applicable. (NOTE: Registered Agent signature required when renastating). DATE													
Signature, typind or privided number of registered agent and trief it applicable: (NOTF: Registered 12. OFFICERS AND DIRECTORS 13.							Agen	nt signature required	ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECT	ORS IN 12	
	ile 🖊	D	011102107112		DELETE	1.1 11	TLF					Addition	
N/	ME	PEREZ	, HUGO, M.D.			1.2 NA	ME						
ST	REET ADDRESS		v. 20th ave., ste. 20)5		1.3 ST	REET	ADDRESS					
	TY - ST - ZIP	MIAMI	FL 33016			140		IT - ZIP					
l	TLE				DEFEIF	2 1 1				L	Change	e 🔲 Addition	
l	AME					2 2 NA		**********					
ı	TREET ADDRESS TY-ST-ZIP					2351 24CI		ADDRESS					
	TLE				DELETE	3.130		11-511			Change	e Addition	
1	AME					3 2 N	ME			_		- '	
SI	TREET ADDRESS					33 S	TREE	T ADDRESS					
CI	TY - \$1 - ZIP				··-	3.4 CI		51-7IP					
1	TiE				DELETE	4. 1 1				[Change	e	
1	AME					4.2 N/							
1	TREET ADDRESS							ADDRESS					
	TLE				["] DELETE	5 1 T		SI - 7/P		l mari	Te Kha hor	e	
	AME				[] week	5 2 N/			5000018: -05/08/96010	L ⊃iUii 144∩i	∌≂" ນ		
1	TREET ADDRESS							ADDRESS	***8200.00	PTT UL	21	ļ	
1	HY-ST-ZIP							61 - ZIP	40000 LOO 1 OO				
	TLE				DELETE	6 11				[Change	e 🔲 Addition	
N.	AME					6.2 N	ME					\mathcal{V}_{1}	
S	TREET ADDRESS					6.3 \$1	REET	I ADDRESS				15.1	
	ITY-ST-ZIP	<u> </u>						ST-ZIP	——————————————————————————————————————	7-22-22-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2	A	-	
1 1	a Lido bereby	v certify that	the information supplied s	with this fibr	ncus voluntarily furr	nished and .	COA	es not quality fe	or the exemption stated in Section 119	.uzrank). Ele	nda Stat	autes Liuribér	

rior nereby certify that the information supplied with this tiling is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(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 this 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 a satisfument with an address.

SIGNATURE: _

SIGNATURE AND TYPED OR PRIVIED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 558 -6460