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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90037 002 ***150.00

DOCUMENT # **V49940**

1. Corporation Name

PEREZ REAL ESTATE SERVICES, INC.

Principal Plac	e of Business	Mailing Address							411 41511 4		• • • • • • • • • • • • • • • • • • • •	
1800 W 49TH S	ST	4810	4810 SW 119 TERRACE				1					
STE 324A			COOPER CITY FL 33330				DO NOT WRITE IN THIS SPACE					
HIALEAH FL 33 US	W12			•			2 [Date Incorporated or Qualifed	10 114 11110	OF ACE		
,							1	07/09/1992				
2 Principal P	lace of Business	2a	Mailing Address					El Number		-	Applied	For
_	lace of Easiliess	— —	26				65-0344148 Not App					
Suite, Apt.	#. etc.		Suite, Apt. #, etc.				\$8.75 Additional					
22		— —	27				5. C	Certifcate of Status Desired			e Require	
City & Stat	e		City & State				6. E	lection Campaign Financing		\$5.	00 мау	Be
23		28						rust Fund Contribution			led to Fee	
Zip	Country	 	Zip	Coun	try		8. T	his corporation owes the curr	ent year Int	angible		
24	25	29		30			P	Personal Property Tax.		Yes	□N	0
	9. Name and Address of Cu	urrent Registe	ered Agent				10. N	Name and Address of New F	Registered .	Agent		
				1	81	Name						
	EZ, ADA L			- -	82	Street Addres	ss (P.C	D. Box Number is Not Accepta	able)			
	SW 119 TERRACE			[-	Oli a Oli i i la ali o	, , , oo,					
COC	OPER CITY FL 33330			Ĩ	83				-			
		•		-	84	0:4.				Ter	Zip Code	 -
('	•	City			FL	85	zip Code	
11. Pursuant	to the provisions of Sections 607	7.0502 and 607	7.1508, Florida Statu	tes, the abo	ove-	named corpor	ration s	submits this statement for the	purpose of	changin	g its regis	tered
office or r	registered agent, or both, in the S im familiar with, and accept the o	State of Florida	 Such change was a 	authorized I	bv th	ne corporation	n's boa	rd of directors. I hereby accep	ot the appoi	ntment a	s register	ea
1	in tanillar with and accept the c	ongationio on t	300000, 001.0000, 1.0	onda outa								
SIGNATURE	Signature, typed or printed name of registers	ed agent and title if a	applicable. (NOT	E: Registered A	gent s	signature required v	when rein	nstating)	DATE			
12.	OFFICER	S AND DIREC	TORS	13.			ĄĒ	DDITIONS/CHANGES TO OF	FICERS AN	D DIRE		
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CITY-ST-ZIP	COOPER CITY FL			1.3 STR		ADDRESS						
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NAME		<u></u>	☐ DELETE		EETA Y-ST-7	i	 			☐ Cha	nge 🗆	Addition
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14. I hereby 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

kāquired

CR2E034 (11/98)