Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [ ] Form 5558
- [ ] automatic extension
- [X] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
PEREZ OF FLORIDA, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2015

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
PEREZ OF FLORIDA, INC.

601 N NEW YORK AVENUE, SUITE 204
WINTER PARK, FL 32789

2b Employer Identification Number (EIN) 59-2039238

2c Plan Sponsor's telephone number 407-925-5256

2d Business code (see instructions) 722511

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/22/2026	ROBERT COYNE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	245
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	180
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	182
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	20
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	202
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	202
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	196
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	198
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	19
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2A 2E 2J 2K 2F 2G 3D 3H 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan
PEREZ OF FLORIDA, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PEREZ OF FLORIDA, INC.

D Employer Identification Number (EIN)
59-2039238

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CAPITAL GROUP RETIREMENT PLAN SERV

82-4555287

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan
PEREZ OF FLORIDA, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PEREZ OF FLORIDA, INC.

D Employer Identification Number (EIN)
59-2039238

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	38450	50545
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2923028	4055003
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2961478	4105548
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2961478	4105548

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	628935	
(B) Participants	2a(1)(B)	301700	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		930635
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)	3185	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3185
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	169112	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		169112
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		217565
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1320497
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	149993	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		149993
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	26434	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		26434
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		176427
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1144070
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CPA GUSTAVO TORRES DECOS, P.A. **(2)** EIN: 82-4380062

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan
PEREZ OF FLORIDA, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PEREZ OF FLORIDA, INC.

D Employer Identification Number (EIN)
59-2039238

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 82-4555287 35-0145825

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703912A .

Perez of Florida, Inc. 401(K) Plan

Financial Statements
Supplemental Information
and Independent Auditor's
Report December 31, 2024

Prepared by:
CPA Gustavo Torres Decos, PA

Contents

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CPA Gustavo Torres Decos, PA
Certified Public Accountant

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Perez of Florida, Inc. 401(K) Plan
Winter Park, Florida

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2024 Financial Statements

We have performed an audit of the accompanying financial statements of Perez of Florida, Inc. 401(k) plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2024 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2024 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section:

- The amounts and disclosures in the 2024 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the 2024 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2024 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2024 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor’s Responsibilities for the Audit of the 2024 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Employee Benefit Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2024 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

2024 Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule of Assets (Held as year End) as of December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

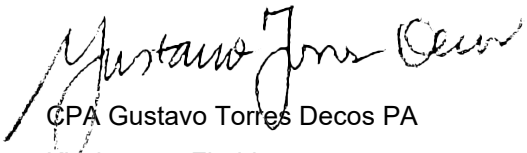
In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment

information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



CPA Gustavo Torres Decos PA

Kissimmee, Florida

September 9, 2026

Perez of Florida, Inc. 401(K) Plan

Statement of Net Assets Available for Plan Benefits

December 31, 2024 and 2023

	2024	2023
Assets		
Investment	$ 4,055,003	$ 2,923,028
Investment at Fair Value		
Contribution Receivable		
Total Contributions Receivables	$ -	$ -
Notes/Loan Receivables from Participants	$ 50,545	$ 38,450
Total Assets	$ 4,105,548	$ 2,961,478
Liabilities and Net Assets Available for Plan Benefits:		
Safe Harbor Match Payable	$ -	$ -
Total Liabilities	$ -	$ -
Net Assets Available for Plan Benefits	$ 4,105,548	$ 2,961,478
Total Liabilities and Net Assets Available for Plan Benefits	$ 4,105,548	$ 2,961,478

<<See Accompaying Notes to the Financial Statements>>

Perez of Florida, Inc. 401(K) Plan

Statement of Changes in Net AssetsAvailable for Plan Benefits

Year ended December 31, 2024

Additions to net assets:		
Net appreciation in fair value of investments	$	217,565
Interest and Dividends		
Dividend Income	$	169,112
Interest Income in participants loans	$	3,185
Total Dividends and Income	$	172,297
Contributions		
Participants	$	301,700
Employer - net of forfeitures applied	$	628,935
Total Contributions	$	930,635
Total Additions	$	1,320,497
Deductions from Net Assets		
Benefits Paid to Participants	$	(149,993)
Administrative Expense	$	(26,434)
Total Deductions	$	(176,427)
Change in Net Assets	$	1,144,070
Net Assets Available for Plan Benefit		
Beginning of Year	$	2,961,478
End of Year	$	4,105,548

<<See Accompaying Notes to the Financial Statements>>

PEREZ OF FLORIDA, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Perez of Florida, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement and Summary Plan Description for a complete description of the Plan's provisions.

General

The Perez of Florida, Inc. 401(k) Plan is a defined contribution plan established by Perez of Florida, Inc. (the "Company") effective January 1, 2015, to provide retirement benefits for eligible employees. The Plan is intended to qualify under Sections 401(a) and 401(k) of the Internal Revenue Code ("IRC") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

The Plan was restated effective January 1, 2021, and the Summary Plan Description reflects amendments effective January 1, 2022. Elective deferrals, Roth contributions, and employer matching contributions became effective July 15, 2015.

The Plan is administered by Perez of Florida, Inc. Assets of the Plan are held in trust by the Plan's trustee.

Eligibility

Employees of Perez of Florida, Inc. and any adopting affiliated employers become eligible to participate upon attaining age 18 and completing one year of eligibility service.

Eligibility service is determined using the elapsed-time method. Periods of employment separated by breaks in service of less than twelve consecutive months are generally aggregated in determining eligibility service.

Participant Contributions

Eligible participants may elect to contribute a portion of their eligible compensation to the Plan through payroll deductions on either:

- Pre-tax basis,
- Roth after-tax basis, or
- A combination of both.

Participants may also make catch-up contributions if they meet the age requirements established under the Internal Revenue Code.

Contribution elections may be started, increased, decreased, or suspended effective each payroll period in accordance with administrative procedures established by the Plan Administrator.

Annual participant contributions are subject to the limitations prescribed by the Internal Revenue Code.

The Plan also accepts eligible rollover contributions from other qualified retirement plans.

Employer Contributions

The Company makes Safe Harbor Matching Contributions in accordance with the Plan document.

The Safe Harbor matching formula provides for employer contributions equal to:

- 100% of the first 3% of eligible compensation deferred by the participant; plus
- 50% of the next 2% of eligible compensation deferred.

The Company may also make discretionary Employer Matching Contributions. Such discretionary matching contributions are determined annually by the Company and may not exceed 4% of eligible compensation.

The Company may also make discretionary Non-Elective Contributions as determined by management.

Compensation

Plan compensation generally includes W-2 compensation adjusted for elective salary deferrals and other tax-preferred benefit elections and excludes reimbursements, moving expenses, deferred compensation, fringe benefits, and welfare benefits.

Compensation considered for Plan purposes is limited annually in accordance with Internal Revenue Code Section 401(a)(17).

Participant Accounts

Each participant's account is credited with:

- Participant elective deferrals;
- Roth contributions;
- Employer matching contributions;
- Safe Harbor matching contributions;
- Non-elective contributions;
- Rollover contributions;
- Allocations of investment earnings and losses; and
- Less applicable administrative expenses.

Participants direct the investment of their individual accounts among investment options made available under the Plan.

Vesting

Participants are immediately 100% vested in:

- Elective Deferral Contributions;
- Roth Contributions;
- Safe Harbor Matching Contributions;
- Qualified Non-Elective Contributions;
- Rollover Contributions; and

- Earnings thereon.

Employer Matching Contributions and discretionary Non-Elective Contributions vest according to the following schedule:

Years of Vesting Service	Vested Percentage
Less than 1 year	0%
1 year	20%
2 years	40%
3 years	60%
4 years	80%
5 or more years	100%

A Year of Vesting Service is earned upon completion of 1,000 hours of service during the Plan Year.

Participants become fully vested upon attainment of Normal Retirement Age while employed or upon death while employed.

Forfeitures

Upon termination of employment, the nonvested portion of a participant's account is forfeited when the participant receives a complete distribution of the vested account balance or after five consecutive one-year breaks in service if no distribution has occurred.

Forfeitures are generally used to reduce future employer contributions or pay Plan administrative expenses, as permitted by the Plan document.

Previously forfeited amounts may be restored upon reemployment if the participant satisfies the repayment provisions established by the Plan.

Distributions

Participants generally become eligible for distribution of vested benefits upon:

- Retirement;
- Death;
- Disability;
- Termination of employment; or
- Other events permitted by the Plan.

Benefits generally are paid in a lump-sum distribution.

If a terminated participant's vested account balance exceeds $1 but does not exceed $5,000, the balance is automatically rolled over into an individual retirement account (IRA) established on behalf of the participant unless otherwise elected.

Balances exceeding $5,000 generally require participant consent prior to distribution unless required minimum distribution rules apply.

In-Service Withdrawals

The Plan permits certain in-service withdrawals, including:

- Hardship withdrawals;
- Age 59½ withdrawals;
- Military deemed severance distributions;
- In-service withdrawals after Normal Retirement Age.

Hardship withdrawals are limited to circumstances permitted under the Internal Revenue Code and the Plan document.

Participant Loans

The Plan permits participant loans in accordance with written loan procedures established by the Plan Administrator and applicable provisions of the Internal Revenue Code.

Loans are secured by the participant's vested account balance and bear interest at rates determined under the Plan's loan policy.

Investment of Participant Accounts

Participants direct the investment of their individual accounts among the investment options available under the Plan.

The Plan is intended to constitute a plan described in ERISA Section 404(c), under which participants exercise control over the investment of their individual accounts. Accordingly, Plan fiduciaries may be relieved of liability for investment losses that result from participants' investment decisions.

FORFEITURES

Under the terms of the Plan, the nonvested portion of terminated participants' employer contribution accounts is forfeited when the participant incurs a forfeiture event as defined by the Plan. Forfeitures may be used to reduce future employer contributions, restore previously forfeited participant accounts upon reemployment, or pay eligible Plan administrative expenses, as permitted by the Plan document.

During the year ended December 31, 2024, forfeitures totaling **$22,008** were recognized by the Plan. These forfeitures were available for use in accordance with the provisions of the Plan and applicable Internal Revenue Service regulations.

Management applies forfeitures in accordance with the Plan document and the Plan's administrative procedures. At December 31, 2024, any remaining forfeiture balance, if applicable, is included in net assets available for benefits and will be used for permitted Plan purposes in future periods.

Employer contributions were reported net of forfeitures.

BENEFITS PAID TO PARTICIPANTS

Benefits are recorded when paid.

Under the provisions of the Plan, participants become eligible to receive distributions of their vested account balances upon retirement, death, disability, termination of employment, or the occurrence of another distributable event permitted by the Plan and the Internal Revenue Code.

Distributions generally are made in the form of a lump-sum payment; however, other forms of distribution may be available as permitted by the Plan. Participants may also receive in-service distributions, hardship withdrawals, and required minimum distributions when the applicable conditions of the Plan and the Internal Revenue Code are satisfied.

Benefit payments include distributions of participant elective deferrals, employer contributions, vested earnings, rollover contributions, and other amounts credited to participant accounts. Any nonvested portion of a participant's account is forfeited in accordance with the provisions of the Plan.

During the year ended December 31, 2024, the Plan paid benefits to participants totaling approximately **$149,993**, as reflected in the accompanying Statement of Changes in Net Assets Available for Benefits.

The Plan Administrator reviews and approves participant distribution requests to ensure compliance with the provisions of the Plan, the Internal Revenue Code, and applicable provisions of ERISA.

NOTES RECEIVABLE FROM PARTICIPANTS

The Plan permits participants to borrow from their vested account balances in accordance with the provisions of the Plan document and the limitations prescribed by the Internal Revenue Code.

Participant loans are generally limited to the lesser of **$50,000** or **50% of the participant's vested account balance**, reduced by the participant's highest outstanding loan balance during the preceding twelve-month period, as required by the Internal Revenue Code. Loans must be adequately secured by the participant's vested account balance and generally bear interest at a rate determined by the Plan Administrator at the time the loan is originated.

Loan repayment terms generally range from **one to five years**, except for loans used to acquire a participant's principal residence, which may be repaid over a longer period as permitted by the Plan. Principal and interest are repaid through payroll deductions or other methods approved by the Plan Administrator.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as deemed distributions when the conditions specified by the Internal Revenue Code and applicable Treasury Regulations are met. Such deemed distributions remain assets of the Plan until the loan is offset or otherwise satisfied in accordance with the provisions of the Plan.

At **December 31, 2024**, notes receivable from participants totaled **$50,545**.

Interest income on participant loans is allocated to the individual participant accounts and is reflected as investment income in the accompanying Statement of Changes in Net Assets Available for Benefits.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements have been prepared using the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions affecting reported amounts.

Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value and reported at quoted market value as of the last day of the closing of the report.

Purchases and sales of securities are recorded on a trade-date basis.

Interest income is recorded on the accrual basis.

Dividend income is recognized on the ex-dividend date.

Net appreciation (depreciation) includes realized and unrealized gains and losses.

Notes Receivable from Participants

Participant loans are measured at unpaid principal balance plus accrued interest.

Delinquent participant loans are classified as benefit distributions based on the terms of the Plan document and IRS regulations.

Payment of Benefits

Benefit payments are recorded when paid.

NOTE 3 – FAIR VALUE MEASUREMENTS

Accounting Standards Codification ("ASC") Topic 820, *Fair Value Measurement*, establishes a framework for measuring fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

ASC Topic 820 establishes a three-level hierarchy for inputs used in measuring fair value:

Level 1 – Quoted prices in active markets for identical assets.

Level 2 – Observable inputs other than quoted market prices included within Level 1, such as quoted prices for similar assets in active markets or quoted prices for identical assets in markets that are not active.

Level 3 – Unobservable inputs supported by little or no market activity and reflecting the reporting entity's own assumptions.

The Plan's investments measured at fair value on a recurring basis consist primarily of mutual funds valued using quoted market prices in active markets and are therefore classified as Level 1 investments.

Investments Measured at Fair Value

December 31, 2024

Investment Type	Level 1	Level 2	Level 3	Total
American Funds Mutual Funds	$4,055,172	—	—	$4,055,172
Total Investments at Fair Value	$4,055,172	$0	$0	$4,055,172

Notes receivable from participants are measured at their unpaid principal balance plus accrued interest, which approximates fair value. In accordance with FASB ASC 962, participant loans are not measured at fair value and, therefore, are not included in the fair value hierarchy table.

Reconciliation to Statement of Net Assets	Amount
Investments at fair value per trustee	$4,055,172
Notes receivable from participants	50,545
Total trustee-supported assets	**4,105,717**
Less: immaterial unreconciled difference	**-169**
Net assets per Statement of Net Assets	**$4,105,548**

NOTE 4 – Financial Information Certified by the Plan Custodian

As permitted by Section 103(a)(3)(C) of the Employee Retirement Income Security Act of 1974 (ERISA), the Plan Administrator instructed the independent auditor not to perform auditing procedures with respect to the information prepared and certified by the Plan's trustee and custodian.

The Plan's investments and notes receivable from participants are held by Capital Bank & Trust Company, the Plan's trustee and custodian. Capital Bank & Trust Company certified to the completeness and accuracy of the investment information submitted to the Plan Administrator as of and for the year ended December 31, 2024.

The certified investment information includes investments held at year-end, investment transactions, related investment income and losses, and other investment information maintained and certified by the trustee.

The independent auditor performed audit procedures on information not covered by the certification, including participant census information, participant and employer contributions, benefit payments and distributions, forfeiture activity, administrative expenses, and other non-investment information in accordance with the assessed risks of material misstatement.

Accordingly, the accompanying financial statements include information derived from records maintained and certified by the trustee. In accordance with ERISA Section 103(a)(3)(C), the independent auditor did not perform auditing procedures with respect to the certified information, except for obtaining and reading the certification, evaluating whether the certification complies with the requirements of ERISA, and performing audit procedures on information not covered by the certification.

Certified Information at December 31, 2024

Certified Investment Information	Amount
Investments at fair value	$4,047,230.91
Notes receivable from participants	50,545.10
Total certified net assets	**$4,097,776.01**

Trustee-Reported Activity	
Contributions	$956,000.47
Net appreciation in fair value of investments	$217,565.27
Dividend income	$168,788.34
Participant loan interest	$3,184.61
Benefit payments to participants	-$149,992.73
Administrative and investment-related expenses	-$26,434.23
Forfeitures	-$22,008.19
Net activity shown above	$1,147,103.54

Dividend income attributable to the Plan's forfeiture account was $305.95. Accordingly, total dividend income reported by the trustee was $169,094.29. The accompanying financial statements report dividend income of $169,112, resulting in an immaterial difference of $17.71.

The Plan Administrator is responsible for determining that the certified information is prepared and certified by an institution that qualifies under ERISA and for ensuring that the information is appropriately presented in the accompanying financial statements.

Note 5 – Fully Benefit-Responsive Investment Contracts

The Plan did not hold any fully benefit-responsive investment contracts, including traditional guaranteed investment contracts, synthetic guaranteed investment contracts, or separate account investment contracts, at December 31, 2024 or 2023.

Accordingly, the Plan has no investments that are required to be measured and presented at contract value under FASB Accounting Standards Codification Topic 962, *Plan Accounting – Defined Contribution Pension Plans*.

Note 6 – Notes Receivable from Participants

The Plan permits eligible active participants to borrow from their individual Plan accounts in accordance with the provisions of the Plan document and the Plan Loan Administration Policy. Participant loans are limited to the lesser of **$50,000** or **50% of the participant's vested account balance**, reduced by the participant's highest outstanding loan balance during the preceding twelve-month period, if applicable. The minimum loan amount is **$1,000**, and participants are limited to **one outstanding loan** at any time.

The Plan offers two types of participant loans:

- **General Purpose Loans**, with repayment terms ranging from **12 to 60 months**; and
- **Principal Residence Loans**, with repayment terms ranging from **61 to 180 months**, provided the loan is used to purchase the participant's principal residence.

Loans bear a fixed interest rate equal to **0.50% above the Wall Street Journal Prime Rate** in effect on the first business day of the month in which the loan is originated. Principal and interest are generally repaid through payroll deductions, although the Plan permits certain alternative repayment methods in limited circumstances as provided in the loan policy.

Participant loans are secured by the borrowing participant's vested account balance. If a participant fails to make required loan repayments, the loan becomes delinquent and is subject to the Plan's grace period. Loans that are not brought current by the end of the applicable grace period are treated as **deemed distributions** for federal income tax purposes in accordance with Internal Revenue Code Section 72(p). Upon termination of employment, outstanding loans generally become immediately due and, if not repaid within the period specified by the Plan, are offset against the participant's vested account balance and reported as loan offset distributions, when applicable.

Notes receivable from participants are measured at their **unpaid principal balance plus accrued but unpaid interest**, which approximates fair value. Delinquent participant loans are reclassified as distributions in accordance with the terms of the Plan and applicable Internal Revenue Service regulations.

At **December 31, 2024**, notes receivable from participants totaled **$50,545**.

NOTE 7 – EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments and administrative services constitute party-in-interest transactions under ERISA.

These transactions are exempt under ERISA prohibited transaction rules.

NOTE 8 – PLAN TERMINATION

Although the Company intends to continue the Plan indefinitely, it reserves the right to terminate or amend the Plan at any time.

Upon termination, participants become fully vested in their account balances to the extent required under ERISA and the Plan document.

NOTE 9 – FEDERAL INCOME TAX STATUS

The Plan has adopted a prototype plan document that has received a favorable opinion letter from the Internal Revenue Service stating that the form of the Plan is qualified under IRC Section 401(a).

Management believes the Plan continues to operate in compliance with applicable provisions of the Internal Revenue Code and, accordingly, no provision for income taxes has been recorded.

NOTE 10 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities that are exposed to market, interest rate, and credit risks.

Due to the level of risk associated with certain investments, it is reasonably possible that changes in investment values could occur in the near term and materially affect participants' account balances.

PEREZ OF FLORIDA, INC. 401(k) PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

Information furnished pursuant to Item 4i, Schedule H of Form 5500
Employer Identification Number: **59-2039238**
Plan Number: **001**

PEREZ OF FLORIDA, INC. 401(k) PLAN
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

Identity of Issuer / Borrower	Description of Investment	Cost	Current Value
American Funds Washington Mutual Investors Fund (WMIF-R6)	Mutual Fund	**	$11,107
American Funds American Balanced Fund (AMBAL-R6)	Mutual Fund	**	$49,507
American Funds U.S. Government Securities Fund (GVT-R6)	Mutual Fund	**	$38,435
American Funds U.S. Government Money Market Fund (MMF-R6)	Money Market Fund	**	$7,941
American Funds 2025 Target Date Fund (AFTD25-R6)	Mutual Fund	**	$1,102,954
American Funds 2030 Target Date Fund (AFTD30-R6)	Mutual Fund	**	$914,453
American Funds 2035 Target Date Fund (AFTD35-R6)	Mutual Fund	**	$598,034
American Funds 2040 Target Date Fund (AFTD40-R6)	Mutual Fund	**	$185,590
American Funds 2045 Target Date Fund (AFTD45-R6)	Mutual Fund	**	$198,821
American Funds 2050 Target Date Fund (AFTD50-R6)	Mutual Fund	**	$123,598
American Funds 2055 Target Date Fund (AFTD55-R6)	Mutual Fund	**	$258,730
American Funds 2060 Target Date Fund (AFTD60-R6)	Mutual Fund	**	$175,035
American Funds 2065 Target Date Fund (AFTD65-R6)	Mutual Fund	**	$367,312
American Funds 2070 Target Date Fund (AFTD70-R6)	Mutual Fund	**	$10,282
New Perspective Fund (NPF-R6)	Mutual Fund	**	$5,773
American Funds 2015 Target Date Fund (AFTD15-R6)	Mutual Fund	**	$2,012
American Funds 2020 Target Date Fund (AFTD20-R6)	Mutual Fund	**	$5,588
Participant Loans	Interest/Matuturity Varies	**	$50,545
TOTAL			$4,105,717

* Party-in-interest under ERISA.
** Cost omitted for participant-directed investments under DOL reporting rules.

PEREZ OF FLORIDA, INC. 401(k) PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

Information furnished pursuant to Item 4i, Schedule H of Form 5500
Employer Identification Number: **59-2039238**
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