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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS **DOCUMENT #** (5) 1. Corporation Name PIERSON INDUSTRIES, INC. Principal Place of Business Mailing Address 13715 NW 22ND AVENUE 13715 NW 22ND AVENUE OPA-LOCKA FL 33054 OPA-LOCKA FL 33054 3. Date Incorporated or Qualified 3a. Date of Last Report 03/25/1968 04/11/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1399787 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 \Box 28 Trust Fund Contribution Added to Fees $Z_{\rm IP}$ Country Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Yes No Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name WEINTRAUB ALBERT L 82 Street Address (P.O. Box Number is Not Acceptable) 21 NE FIRST AVE **MIAMI FL 33131** 83 84 City Zip Code 85 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, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 VD DELETE TITLE 1. 1 TITLE Change Addition PEIRSON, MALCOLM NAME 1.2 NAME 13105 CAIRO LANE STREET ADDRESS 1.3 STREET ADDRESS OPA LOCKA, FL 00000 DITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE Addition 2. 1 TITLE Change PIERSON, RONALD E NAME: 2.2 NAME 1145 BELLEMEADE DR STHEET ADDRESS 2.3 STREET ADDRESS MAIMI, FL 00000 CITY - ST - ZIP 24 CITY-ST-ZIP III₁€ DELETE 3 1 TITLE Change ■ Addition WEINTRAUB, ALBERT L NAME 3.2 NAME 21 NE 1ST AVE 13TH FL STREET ADDRESS 3.3. STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP 3.4 CITY - ST - ZIP TITLE DELETE 4 1 TITLE ☐ Addition NAME **4.2 NAME** STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZiP 4.4 CITY-ST-ZIP TITLE DELETE 5. 1 TITLE Change ☐ Add tion NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TIT; E ☐ DELETE 6 1 THILE Change Addition

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 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 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

6 2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

Walredy W SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MALCOLM PIERSON 4/11/96 305-681-7474

(12/95) CR2E034