

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 10 PM 1:05

DOCUMENT # **J06907** (6)

1. Corporation Name
PRODUCERS ASSOCIATES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
937 A S.W. 87TH AVENUE MIAMI FL 33174

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/31/1986** 3a. Date of Last Report **01/19/1994**

2. Principal Place of Business 2a. Mailing Address
21 **P.O. Box 650146** 26 **P.O. Box 650146**

4. FEI Number **59-2689141** Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State **MIAMI, FL.** 28 City & State **MIAMI, FL.**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **33265-0146** 25 Country **USA** 29 Zip **33265-0146** 30 Country **USA**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SKOKE, BERNARD G.
2333 BRICKELL AVE.
#1803
MIAMI FL 33129**

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip 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 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 resigning)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SKOKE, BERNARD G.
STREET ADDRESS	937-A SW 87TH AVENUE
CITY - ST - ZIP	MIAMI FL
TITLE	STD
NAME	PACHECO, LINDA
STREET ADDRESS	937-A SW 87TH AVENUE
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	FISHER, JEFFREY A.
STREET ADDRESS	937-A SW 87TH AVENUE
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	2333 BRICKELL AVE #1803
1 4 CITY - ST - ZIP	MIAMI, FL 33129
2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	9741 SW 45 ST
2 4 CITY - ST - ZIP	MIAMI, FL 33165
3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	13800 SW 20 ST.
3 4 CITY - ST - ZIP	DAVIE, FL 33325
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 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 address.

SIGNATURE: *Linda Pacheco* **LINDA PACHECO** 4-4-95 305-554-6908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)

Secretary