

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 JUN 21 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L06437

1. Corporation Name

PERSOL AMERICA, INC.

Principal Place of Business

Mailing Address

1500 N.W. 79th Ave.  
Miami, FL 33126

1500 N.W. 79th Ave.  
Miami, FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

08/03/1989

MAY 1, 1994

4. FEI Number

65-0136569

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 200 S. Biscayne Blvd.

26 200 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 4815

27 4815

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33131

25 USA

29 33131

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~Wallino, Sanford~~  
~~1500 N.W. 79th Ave.~~  
~~Miami, FL 33126~~

81 Name

Salvatore Leonardi

82 Street Address (P.O. Box Number is Not Acceptable)

905 S. Bayshore Dr.

83

Suite 2021

84 City

Miami

FL

85 Zip Code

33131

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

*Salvatore Leonardi*

Salvatore Leonardi

05/23/95

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP
NAME	<del>Restivo, Alessandro</del>
STREET ADDRESS	<del>1550 N.W. 79th Ave.</del>
CITY, ST, ZIP	<del>Miami, FL 33126</del>
TITLE	S
NAME	<del>Mancira, Marilyn</del>
STREET ADDRESS	<del>1550 N.W. 79th Ave.</del>
CITY, ST, ZIP	<del>Miami, FL 33126</del>
TITLE	AS/D
NAME	<del>Salvatore, Piero</del>
STREET ADDRESS	<del>200 S. Biscayne Blvd., Ste. 4815</del>
CITY, ST, ZIP	<del>Miami, FL 33131</del>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1 TITLE	P/T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Salvatore Leonardi	
13 STREET ADDRESS	905 S. Bayshore Dr. Suite 2021	
14 CITY, ST, ZIP	Miami, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS	400001521654	
24 CITY, ST, ZIP	-06/23/95--01029--002	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that I am equally for the members stated in the above filing for the State of Florida. I further certify that the information submitted on this annual report or voluntary annual report is true and accurate and that my signature is a true and correct signature of the individual named therein and that I am an eligible person for the appointment of the treasurer or trustee empowered to file this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

*Salvatore Leonardi*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR  
Salvatore Leonardi, President

05/23/95

(305) 582-8308