

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

• PROFIT  
• CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P92000010876 (0)

1. Corporation Name

PRIDE INDUSTRIES INC.



Principal Place of Business

Mailing Address

5416 NW 79 AVENUE  
MIAMI FL 33166  
US

5416 NW 79 AVENUE  
MIAMI FL 33166  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

12/09/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0473118

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSTOLAZA, OSCAR R  
5416 NW 79 AVENUE  
MIAMI FL 33166

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 (Type or print name of registered agent and title, if applicable)

(If 011, Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
OSTOLAZA, OSCAR R  
5311 NW 79 AVE  
MIAMI FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
OSTOLAZA, CARMEN  
5311 NW 79 AVE  
MIAMI FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETED

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETED

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETED

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETED

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
DELETED

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
DELETED

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
DELETED

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP  
DELETED

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
DELETED

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP  
DELETED

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 included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Yves A. M. [Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/96 (305) 471-5898

CR2E034 (3/96)