

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -7 AM 11:38

DOCUMENT # **V12829** (0)

1. Corporation Name  
**PRICE AND SON'S, INC.**

Principal Place of Business  
~~4901 N.E. 21ST AVE.  
# 411  
FT. LAUDERDALE, FL 33308~~

Mailing Address  
15489 MIAMI LAKEWAY N  
#305  
MIAMI LAKES FL 33014  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/10/1992** 3a. Date of Last Report **04/25/1994**

2. Principal Place of Business  
21 **15489 MIAMI LAKEWAY NORTH**  
Suite, Apt. #, etc. **#305**  
City & State **MIAMI LAKES**  
Zip **33014** Country **DATE**

2a. Mailing Address  
27 **SAME**  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **65-0310392** 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 or intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
~~PRICE, NANCY GARCIA  
4901 NE 21 AVE.  
# 411  
FT. LAUDERDALE FL 33308~~

10. Name and Address of New Registered Agent  
81 Name **RIVAS ANDRES**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **15489 MIAMI LAKEWAY NORTH #305**  
84 City **MIAMI LAKES** FL 85 Zip Code **33014**

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 *Nancy Garcia* *ANDRES RIVAS* **3/30/95**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>RIVAS, ANDRES</b>
STREET ADDRESS	<b>15489 MIAMI LAKEWAY NORTH #305</b>
CITY - ST - ZIP	<b>MIAMI LAKES FL</b>
TITLE	<b>D</b>
NAME	<b>ERWIN, NANCY</b>
STREET ADDRESS	<b>15489 MIAMI LAKEWAY NORTH #305</b>
CITY - ST - ZIP	<b>MIAMI LAKES FL</b>
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
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 checked, or again in conjunction with an address.

SIGNATURE: *Andres Rivas* **ANDRES RIVAS** **3/30/95** **305-826-0675**  
Signature, typed or printed name of signing officer or director (Date) (Telephone #)