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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

2. Principal Place of Business

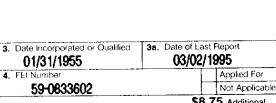
183062

(9)

2a. Mailing Address

| PIANO  | INCORPORATE    | n  |
|--------|----------------|----|
| SH-INS | INK A MELMANIC | i. |

| SIGNO MOON ONNED                     |                                      |  |  |
|--------------------------------------|--------------------------------------|--|--|
| Principal Place of Business          | Mailing Address                      |  |  |
| 586S COMMERCE LANE<br>MIAMI FL 33143 | 5865 COMMERCE LANE<br>MIAMI FL 33143 |  |  |



| 21 |  |                            | 1201 |                  |      |                | 00 000000   |
|----|--|----------------------------|------|------------------|------|----------------|---|
|    | Suite, Apt. #, etc.                            |                            | 27   | Suite, Apt. #, e | ilc. | •              | 5. Certificate of Status Desired S8.75 Additional Fee Required                                      |
| 23 | City & State                                   |                            | 28   | City & State     |      |                | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees                  |
|    | Zıp  | Country                    | 29   | Zip<br>          | 30   | Country        | 8. This corporation has liability for intangible tax under s 199 032, Florida Statutes   ▼ Yes □ No |
| 24 | g Nan  | 25<br>ne and Address of Cu | [=5] | stered Agent     |      |                | 10. Name and Address of New Registered Agent  |
|    | PEARSON, ROY<br>5865 COMMERC<br>MIAMI FL 33143 | CE LANE                    |      |                  |      | 81<br>82<br>83 | Street Address (P.O. Box Number is Not Acceptable)  |
|    |  |                            |      |                  |      | 84             | City 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. Thereby accept the appointment as registered agent. Florida Statutes.

| 12.              | OFFICERS AND DIF   | ECTORS   | 13.                  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|------------------|--------------------|----------|----------------------|---|
| TriLE            | P                  | ☐ DELETE | 1 1 ToTLE            | Change Addition                                   |
| NAME             | PEARSON, ROY       |          | 1.2 NAME             |   |
| STREET ADDRESS   | 5865 COMMERCE LANE |          | 1.3 STREFT ADDRESS   |   |
| CITY-ST-ZIP      | MIAMI FL           |          | 14 CITY - ST. ZIP    |   |
| THE              | S                  | ☐ DELETE | 2 1 TITLE            | ☐ Change ☐ Addition                               |
| NAME             | PEARSON, DARLENE   |          | 2.2 NAME             |   |
| STREET ADDRESS   | 5865 COMMERCE LANE |          | 2.3 STREET ADDRESS   |   |
| CITY - ST-ZIP    | MIAMI FL           | ,        | 2.4.0:1Y-ST-7IP      |   |
| TITLE            |                    | ☐ DECETE | 3 111'LF             | Change Addition                                   |
| NAME             |                    |          | 3.2 NAME             |   |
| STREET ADDRESS   |                    |          | 3.3 STREET ADDRESS   |   |
| CHTY-ST-ZIP      | l                  |          | 3.4 City - ST - ZIF  | Change Addition                                   |
| THILE            |                    | DELETE   | 4 I TITLE            | Change Addition                                   |
| NAME             |                    |          | 4.2 NAME             |   |
| STREET ADDRESS   |                    |          | 4.3 STREET ADDRESS   |   |
| CITY-ST ZIF      |                    |          | 4.4 CI3 V - ST - ZIP | Change Addition                                   |
| TITLE            |                    | ☐ DELETE | 5.1 TIME             | Change Addition                                   |
| NAME             |                    |          | 5.2 NAME             |   |
| STREET ADDRESS   |                    |          | 5 3 STREET ADDRESS   |   |
| CITY - ST - ZIP  |                    |          | 5 4 C+1Y - S1 - ZIF  | ☐ Change ☐ Addition                               |
| TITLE            |                    | DELETE   | 6 1 THTLF            | Change Addition                                   |
| NAMÉ             |                    |          | 5.2 NAME             |   |
| STREET ADDRESS   |                    |          | 6.3 STREET ADDRESS   |   |
| C1TY - \$1 - 71P |                    |          | 6.4 CHY+S1-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 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 path; that I am an officer or director of the corporation of 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 inchanged, or on air and ment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/96

(305)666-3624

CR2E034 (12/95)