FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 213834

(5)

| | 1 | ILEL |) |
|-----|-----|---------|---------|
| Mar | 11 | 1998 | 8:00am |
| Se | cre | tary of | f State |

| PERSH | ng industries inc. | | | | | |
|--------------------------------|--|--------------------------------|----------------------------------|----------------------------------|--|--|
| Principal Place | of Business | Mailing Address | | | filis diditi didit alahi didit yaas | |
| 1424 NW LEJI | | 1424 NW LEJEUNE R | D | | | |
| MIAMI FL 33126 MIAMI FL 33126 | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualified | |
| | | | | | 07/16/1958 | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 59-0843901 | Not Applicable \$8.75 Additional | |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required | |
| City & State | 3 | City & State | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees | |
| Zip | Country | Zip | Countr | У | 8. This corporation owes or has paid the | |
| 24 | 25 | 29 | 30 | | Personal Property Tax due June 30. | Yes No |
| | g, Name and Address of Currer | nt Hegistered Agent | 81 | Name | 10. Name and Address of New Register | ad Agent |
| | /ITZ, JANICE | | 61 | Ivame | | |
| | 4 NW LEJEUNE RD | | 82 | Street Ac | dress (P.O. Box Number is Not Acceptable) | |
| MV | MI FL 33126 | | 83 | | | ······································ |
| | | | | | | |
| | | | 84 | City | | 85 Zip Code |
| 11. Pursuant | to the provisions of Sections 607 ObC | 02 and 607 1508. Florida St | atutes the above | e-named co | | |
| office or r | egistered agent, or both, in the State | of Florida, Such change w | as authorized b | y the corpo | orporation submits this statement for the purpose ration's board of directors. I hereby accept the a | appointment as registered |
| | m tamiliar with, and accept the oblig | ations of, Section 607.0505 | , riorida Statute | ıs. | | |
| SIGNATURE | Signature, typed or printed hame of registered age | ent and the at applicable | (NOTE: Registered Ag | ent signature rec | quired when reinstating) DATE | <u> </u> |
| 12. | | ID DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTORS IN 12 |
| TITLE | S | DELFTE | 1.1 TITLE | <u> </u> | | Change Addition |
| NAME | Klein, Les | | 1.2 NAME | | | |
| STREET ADDRESS | 1424 N W LEJEUNE RD | | 1.3 STREE | T ADDRESS | | |
| CITY+ST-ZIP | MIAMI, FL 00000 | | 1.4 CITY- | ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | | Change Addition |
| NAME | REVITZ, MARK | | 2.2 NAME | 1 | | |
| STREET ADDRESS | 1424 N W LEJEUNE RD | | | T ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 00000 | T DELETE | 2. 4 CITY | ST-ZIP | The state of the s | Change D Addition |
| TITLE | D NAMELL BOREDT | DELETE | 3.1 TITLE | [| | Change Addition |
| NAME | MAXWELL, ROBERT | | 3.2 NAME | T 10000000 | | |
| STREET ADDRESS | 1424 N W LEJEUNE RD MIAMI, FL 00000 | | | T ADDRESS | | |
| CITY-ST-ZIP TITLE | PD | DELETE | 3.4. CITY- | SI-ZIP | | Change Addition |
| NAME | REVITZ, MAURICE | L bitter | 4.3 MILE 4. 2 NAME | . 1 | | E change E Monthou |
| STREET ADDRESS | 1424 N W LEJEUNE RD | | | T ADDRESS | | |
| | MIAMI, FL 00000 | | | | | |
| CITY - ST - ZIP TITLE | D | DELETE | 4.4 CITY-ST-ZIP DELETE 5.1 TITLE | | | Change Addition |
| NAME | ADAMS, BRIAN C | | 5.2 NAME | | | |
| STREET ADDRESS | 1424 N.W. LEJEUNE RD | | | T ADDRESS | | |
| CITY-ST-7IP | MIAMI FL | | 5.4 CITY- | | | |
| TITLE | | DELF1E | 6.1 TITLE | | D | Change X Addition |
| NAME | | | 6.2 NAME | 1 3 | - | |
| STREET ADDRESS | | | 6.3 STREE | | REVITZ, JANICE | |
| | | | | | 1424 N.W. LEJEUNE RD | |
| 14. I hereby o | ertify that the information supplied w | vith this filing does not qual | ify for the exem | otion stated | MTANT 119.07(3)(i) Tonda 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:

LES KLEIN

3/6/98

(305)821-1421