

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **344503** (8)

1. Corporation Name
PEARL INVESTMENT CO



Principal Place of Business
**6854 WEST FLAGLER STREET
 MIAMI FL 33144**

Mailing Address
**6854 WEST FLAGLER STREET
 MIAMI FL 33144**

2. Principal Place of Business
 21 State, Apt. #, Etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 State, Apt. #, Etc.
 27 City & State
 28 Zip
 29 Country

3. Date Incorporated or Qualified **04/14/1969** 3a. Date of Last Report **06/22/1995**
 4. FEI Number **59-1289330** 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

**GONZALEZ, CARIDAD
 7720 BEACH VIEW DR
 33141**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code **FL**

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 607.0509, Florida Statutes.

SIGNATURE

Signature of Registered Agent (must be typed or printed name)

Signature of Registered Agent (must be typed or printed name)

12. OFFICERS AND DIRECTORS

11.1 TITLE	VPD	<input type="checkbox"/> DELETE
11.2 NAME	GONZALEZ, CARIDAD	
11.3 STREET ADDRESS	7720 BEACH VIEW DR	
11.4 CITY-STATE-ZIP	NORTH BAY VILLAGE FL	
11.5 TITLE	SD	<input type="checkbox"/> DELETE
11.6 NAME	GONZALEZ, CARIDAD	
11.7 STREET ADDRESS	7720 BEACH VIEW DR.	
11.8 CITY-STATE-ZIP	BAY VILLAGE, FL 00000	
11.9 TITLE	PD	<input type="checkbox"/> DELETE
11.10 NAME	GONZALEZ, CARIDAD	
11.11 STREET ADDRESS	7720 BEACH VIEW DR	
11.12 CITY-STATE-ZIP	N BAY VILLAGE FL	
11.13 TITLE		<input type="checkbox"/> DELETE
11.14 NAME		
11.15 STREET ADDRESS		
11.16 CITY-STATE-ZIP		
11.17 TITLE		<input type="checkbox"/> DELETE
11.18 NAME		
11.19 STREET ADDRESS		
11.20 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME		
13.19 STREET ADDRESS		
13.20 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing was 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 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Caridad Gonzalez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)