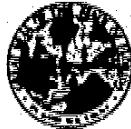


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # 347564

(7)

95 APR 11 PM 2:06

1. Corporation Name

VINCENT-PEARSON INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7480 S.W. 136 ST.
MIAMI FL 33156

Mailing Address

7480 S.W. 136 ST.
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/09/1969		3a. Date of Last Report 04/12/1994	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1288649		Applied For Net Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent SHIELDS, FRED 7480 S.W. 136 ST. MIAMI FL 33156				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 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resuming)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D SHIELDS, FRED 7480 S.W. 136 ST. MIAMI FL	11 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		12 NAME			
STREET ADDRESS		13 STREET ADDRESS			
CITY ST ZIP		14 CITY ST ZIP			
TITLE	SD SHIELDS, LILLIAN 7480 S.W. 136 ST. MIAMI FL	21 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		22 NAME			
STREET ADDRESS		23 STREET ADDRESS			
CITY ST ZIP		24 CITY ST ZIP			
TITLE	D SHIELDS, FRED P. 13430 SW 78 CT MIAMI FL	31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		32 NAME			
STREET ADDRESS		33 STREET ADDRESS			
CITY ST ZIP		34 CITY ST ZIP			
TITLE		41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		42 NAME			
STREET ADDRESS		43 STREET ADDRESS			
CITY ST ZIP		44 CITY ST ZIP			
TITLE		51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		52 NAME			
STREET ADDRESS		53 STREET ADDRESS			
CITY ST ZIP		54 CITY ST ZIP			
TITLE		61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		62 NAME			
STREET ADDRESS		63 STREET ADDRESS			
CITY ST ZIP		64 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)(g), 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 it would 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 changes are on an attachment with an address.

SIGNATURE:

BIOGRAPHICALLY TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lillian Shields

4/16/95 (305) 235-7430
Date Printed

LILLIAN SHIELDS, Secy.

0109340 CP