

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 543884 (1)

1. Corporation Name
PENSIONS, INC.



Principal Place of Business

5046 BISCAYNE BLVD
MIAMI FL 33137

Mailing Address

5046 BISCAYNE BLVD
MIAMI FL 33137

3. Date Incorporated or Qualified
08/22/1977

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 999 BUCKER AVE

2a. Mailing Address
26 999 BUCKER AVE

4. FEI Number
59-1760470

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 800

27 SUITE 800

23 City & State
MIAMI, FL

28 City & State
MIAMI, FL

24 Zip Country
33131 USA

29 Zip Country
33131 USA

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

10. Name and Address of New Registered Agent

DATRAN CORPORATE AGENTS INC.
9100 S. DADELAND BLVD. P-H ONE
2601 S. BAYSHORE DRIVE PH
MIAMI FL 33133

81 Name JONATHAN H. GREEN P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
2400 So. DIXIE HWY SUITE 105
83
84 City Miami FL 85 Zip Code 33133

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 607.0506, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when registering)

3/20/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS
NAME NEWMAN, JEFFREY
STREET ADDRESS 5046 BISCAYNE BLVD
CITY-ST-ZIP MIAMI, FL 00000-
☐ DELETE

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 999 BUCKER AVE SUITE 800
1.4 CITY-ST-ZIP MIAMI, FL 33131

TITLE V
NAME STEIN, EDWARD
STREET ADDRESS 5046 BISCAYNE BLVD
CITY-ST-ZIP MIAMI, FL 00000-
☐ DELETE

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 999 BUCKER AVE SUITE 800
2.4 CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE ☐ Change ☐ 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 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 Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY E. NEWMAN

3/19/96

305-371-6333

Date and Phone #

CR2E034 (12/95)