

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 15 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 651359 (2)

1. Corporation Name

PESCADO RENTADO, INC.

Principal Place of Business
**2600 DOUGLAS RD. PH 1
CORAL GABLES, FL 33134**

Mailing Address
**2600 DOUGLAS ROAD PH1
CORAL GABLES, FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/13/1979** 3a. Date of Last Report **01/28/1994**

2. Principal Place of Business		2a. Mailing Address	
21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

4. FLE Number 59-1948466	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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 5-1592.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HIRSCHHORN, JOEL
2600 DOUGLAS ROAD PH1
CORAL GABLES, FL 33134**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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. 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 file #, applicable) (81) Registered Agent (signature required when mandating) (84)

12. OFFICERS AND DIRECTORS

TITLE	FD
NAME	HIRSCHHORN, JOEL
STREET ADDRESS	2600 DOUGLAS RD. PH1
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	ST
NAME	HIRSCHHORN, EVELYN F.
STREET ADDRESS	2600 DOUGLAS RD. PH1
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	VPD
NAME	HIRSCHHORN, BENNETT
STREET ADDRESS	2600 DOUGLAS RD. PH1
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	VPD
NAME	HIRSCHHORN, DOUGLAS
STREET ADDRESS	2600 DOUGLAS RD PH1
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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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(1)(b), 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 if changed, or on an attachment with an address.

SIGNATURE: _____
JOEL HIRSCHHORN
DIRECTOR AND REGISTERED OFFICER OR DIRECTOR

3/8/95 (305) 445-5320