

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Norton
Secretary of State
Division of Corporations

APPROVED
AND
FILED

DOCUMENT # 665235

(8)

1. Corporation Name

R. PEARLSON, INC.

04/11/18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8966 SW 87TH COURT #2
MIAMI FL 33176

Mailed Address

8966 SW 87TH COURT #2
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/01/1980

3a. Date of Last Report
02/08/1994

4. FEI Number
59-1999357

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailed Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALTERMAN, EDWARD, ESQUIRE
5900 S.W. 73RD STREET
SOUTH MIAMI FL 33143

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 of Registered Agent (Registered Agent must sign and submit)

Signature of Registered Agent (Registered Agent must sign and submit)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME	PD PEARLSON, RAYMOND
12.2 STREET ADDRESS	8970 SW 87TH COURT
12.3 CITY, ST, ZIP	MIAMI FL
12.4 NAME	ST PEARLSON, MARJORIE G.
12.5 STREET ADDRESS	8970 SW 87TH COURT
12.6 CITY, ST, ZIP	MIAMI FL
12.7 NAME	
12.8 STREET ADDRESS	
12.9 CITY, ST, ZIP	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY, ST, ZIP	

13.1 NAME	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 NAME	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 NAME	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 NAME	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 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 Tax form 119 (07/94), Florida Statutes. I further certify that this 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 of this filing, or name after listed with an address.

SIGNATURE: *Raymond Pearlson*

Raymond Pearlson, Pres. 4-15-95 305-595-2855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature: _____