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

CORPORATION ANNUAL REPORT
**1995**

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

APPROVED AND FILED
MAY 22 PM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F61028** **(9)**

1. Corporation Name
**P. I. F., INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 18755 SW 212 ST.<br>MIAMI FL 33187 | 18755 SW 212 ST.<br>MIAMI FL 33187 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/05/1982**
3a. Date of Last Report: **04/29/1994**

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

4. FEI Number: **59-2159241** ☐ 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

9. This corporation is subject to the provisions of Florida Statutes. ☒ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| ORZECHOWICZ, STEVEN<br>18755 SW. 212TH ST.<br>MIAMI FL 33187 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 85 Zip Code |

11. Pursuant to the provisions of Section 607.0502, 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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|---|
| Title | PD | ☐ Change ☐ Addition |
| Name | ORZECHOWICZ, STEVEN | |
| Street Address | 18755 SW 212 ST. | |
| City-St-Zip | MIAMI FL | |
| Title | VS | ☐ Change ☐ Addition |
| Name | ORZECHOWICZ, HOLLY | |
| Street Address | 18755 SW 212TH ST. | |
| City-St-Zip | MIAMI FL | |
| Title | | ☐ Change ☐ Addition |
| Name | | |
| Street Address | | |
| City-St-Zip | | |
| Title | | ☐ Change ☐ Addition |
| Name | | |
| Street Address | | |
| City-St-Zip | | |
| Title | | ☐ Change ☐ Addition |
| Name | | |
| Street Address | | |
| City-St-Zip | | |
| Title | | ☐ Change ☐ Addition |
| Name | | |
| Street Address | | |
| City-St-Zip | | |

14. I/We hereby certify that the information supplied with this filing is true, voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: Holly Ann Orzechowicz Holly A. Orzechowicz 5-16-95 305-251-6331
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number

0207000 CP