

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CORPORATION  
ANNUAL REPORT  
1995

FLORIDA DEPARTMENT OF STATE  
Linda P. Matham  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # **F94000005327 (1)**  
1. Corporation Name  
**PERRY ALAN ACCESSORIES, INC.**

Principal Place of Business: **C/O PERRY A. COHEN  
3300 NE 192ND ST., #1809  
AVENTURA FL 33180**

Mailings Address: **C/O PERRY A. COHEN  
3300 NE 192ND ST., #1809  
AVENTURA FL 33180**

2. Principal Place of Business  
21 State Apt. # etc.  
22 City & State

2a. Mailing Address  
26 State Apt. # etc.  
27 City & State

3. Date Incorporated or Created: **10/13/1994**

3a. Date of Last Report

4. FEI Number: **NOT APPLICABLE**

4a. Applied For:  Applied For  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Finance and Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under 5, 19A003, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**BERMAN, PHILIP M ESQ  
2424 NE 22ND ST.  
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent

81 Name

82 Street Address, P.O. Box Number or Post Acceptation

83

84 City **FL** 85 State

11. Pursuant to the provisions of the Florida Statutes, I, the undersigned, hereby certify that the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as both in the State of Florida, and to change a newly added to the corporation's board of directors. I hereby accept the appointment as rendered in part. I am familiar with and accept the obligations of the Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR

NAME	PDC COHEN, PERRY A 3300 NE 192ND ST., #1809 AVENTURA FL 33180
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	

13. APPLICANT

NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
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4/27/95 *MSB*

14. I hereby certify that the information reported with this filing is correct and true, and that I am qualified to represent the corporation in the State of Florida. I further certify that the information included in this report is true and correct, and that I am qualified to represent the corporation in the State of Florida. I further certify that the information included in this report is true and correct, and that I am qualified to represent the corporation in the State of Florida.

SIGNATURE: *[Signature]* **3/7/95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR