FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

PIERRE BOUCHE, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90150 011 ***150.00



Principal Place of Business Mailing Address 3296 N.W. 41 ST 3296 N.W. 41ST MIAMI FL 33142 **MIAMI FL 33142** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/27/1982 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-2235738 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 .5.= Certifcate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. ☐ Yes □No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BERMAN, JOSEPH 82 Street Address (P.O. Box Number is Not Acceptable) 1151 W. FAIRWAY ROAD PEMBROKE PINES FL 33026 83 84 City 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 title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE ☐ DELETE 1.1 TIBE ☐ Change ☐ Addition LIDOR, RAPHAEL NAME 1.2 NAME STREET ADDRESS 8860 S.W. 176TH STREET 1.3 STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP 1.4 CiTY-ST-ZiP TITLE ☐ DELETE 2.1 TITLE ☐ Change Addition BERMAN, JOSEPH 2.2 NAME STREET ADDRESS 1151 W. FAIRWAY ROAD 2.3 STREET ADDRESS PEMBROKE PINES, FL 0 CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE ☐ DELETE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CfTY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Addition 6.2 NAME TREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 with all other like impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-138-2666

CR2E034 (11/98)