

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:17

DOCUMENT # H00029 (9)

1. Corporation Name

SAN PEDRO, INC.

Principal Place of Business

Mailing Address

**% CARL FRIEDMAN
1911 SUMMER ST.
STAMFORD CT 06905
US**

**% CARL FRIEDMAN
1911 SUMMER ST.
STAMFORD CT 06905
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1984

3a. Date of Last Report

03/02/1994

4. FEI Number

59-2406192

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

Same

2a. Mailing Address

Same

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

25. Country

28. Zip

30. Country

9. Name and Address of Current Registered Agent

**MCDEVITT, EDWARD J.
87401 STATE ROAD 905
PLANTATION KEY FL 33070**

10. Name and Address of New Registered Agent

81. Name

N/A

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 (agent or person named as registered agent and title if applicable)

Signature (registered agent, signature required when name is changed)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**DSV
FRIEDMAN, CARL
1911 SUMMER ST.
STAMFORD CT**

1.1 TITLE

☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY, ST, ZIP

1.4 CITY, ST, ZIP

TITLE

**DPT
RAPAPORT, ROSS
750 SUMMER ST
STAMFORD CT**

2.1 TITLE

☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY, ST, ZIP

2.4 CITY, ST, ZIP

TITLE

**S
MCDEVITT, EDWARD J.
87401 STATE RD. 905
PLANTATION KEY FL**

3.1 TITLE

☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY, ST, ZIP

3.4 CITY, ST, ZIP

TITLE

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY, ST, ZIP

4.4 CITY, ST, ZIP

TITLE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY, ST, ZIP

5.4 CITY, ST, ZIP

TITLE

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY, ST, ZIP

6.4 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 Sections 119.07(5)(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 my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/95