

**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 APR 11 PM 11:28**

**DOCUMENT # H61611 (0)**

1. Corporation Name  
**PINDER & GRAVES, INC.**

Principal Place of Business Mailing Address  
**11279 S.W. 152 ST MIAMI FL 33157** **14150 OLD CUTLER RD MIAMI FL 33158 US**

3. Date Incorporated or Qualified **06/12/1985** 3a. Date of Last Report **03/17/1994**

4. FEI Number **59-2537716** 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **81350 Ovensdale Hwy** 26  
22 Suite, Apt. #, etc. 27  
23 **Islandia** 28  
24 **33036** 25 **Miami** 29 **FL** 30 **33158**

9. Name and Address of Current Registered Agent  
**FEUER, JEFFREY M., P.A.  
20466 SOUTH DIXIE HIGHWAY  
MIAMI FL 33189-1297**

10. Name and Address of New Registered Agent  
81 Name **Archibald A. Pinder**  
82 Street Address (P.O. Box Number is Not Acceptable) **14150 Old Cutler Road**  
83  
84 City **Miami** FL 85 Zip Code **33158**

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 DATE **4-10-95**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>PINDER, ARCHIBALD</b>
STREET ADDRESS	<b>11279 S.W. 152 ST.</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>V</b>
NAME	<b>PINDER, ARCHIBALD</b>
STREET ADDRESS	<b>11279 S.W. 152 ST</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>TS</b>
NAME	<b>GRAY, BEAULAH</b>
STREET ADDRESS	<b>11279 SW 152 ST</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
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 Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: DATE **4-10-95 (305) 257-7355**