

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # J06351 (7)

1. Corporation Name

PF INVESTMENTS, INC.

95 JUN 16 AM 10:32

Principal Place of Business

480 SABAL WAY
FT. LAUDERDALE FL 33326
US

Mailing Address

480 SABAL WAY
FT. LAUDERDALE FL 33326
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1986

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2670381

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Has been Compliant (Filing only)
Trust Fund Contributions



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WURTENBERGER, KENNETH P.
2875 SOUTH UNIVERSITY DRIVE
FT. LAUDERDALE FL 33328

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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 then applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. Additional Officers and Directors (If any, list name, title, address, and date of appointment)

TITLE P
NAME FINOL, PATRICIA W.
STREET ADDRESS 480 SABAL WAY
CITY ST ZIP FT LAUDERDALE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

TITLE VPS
NAME FINOL, ANDRES
STREET ADDRESS 16590 LAKETREE DR
CITY ST ZIP FT LAUDERDALE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

TITLE VP
NAME FINOL, MARIANA
STREET ADDRESS 1070 FAIRFAX LANE
CITY ST ZIP FT LAUDERDALE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

TITLE VP
NAME FINOL, ALICIA
STREET ADDRESS 921 LAKEWOOD CT
CITY ST ZIP FT LAUDERDALE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

TITLE VP
NAME FINOL, LUIS
STREET ADDRESS 1060 CAPISTRANO
CITY ST ZIP FT LAUDERDALE FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

TITLE VP
NAME FINOL, ENRIQUE
STREET ADDRESS 401 RANCH RD
CITY ST ZIP FT LAUDERDALE FL

6.1 TITLE
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 110.07(3)(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 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.

SIGNATURE:

Patricia Finol, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 13, 1995

305-3897471

CR2E034 (3/95)