SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $223 (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

DOCUMENT # **K83225** **(8)**

1. Corporation Name

PEARL COLLECTION, INC.

FILED
1995 AUG -3 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
3655 N.W. 71ST STREET MIAMI FL 33147 US	3655 N.W. 71TH ST. MIAMI FL 33147 US

3. Date Incorporated or Qualified: **04/25/1989**
3a. Date of Last Report: **08/15/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **65-0162165** ☐ 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

9. Name and Address of Current Registered Agent

PEREZ SR., ADOLFO
3701 W. 1ST AVENUE
MIAMI FL 33012

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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: ADOLFO PEREZ SR.-PRESIDENT — DATE: 07-25-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☑ Change ☐ Addition
NAME	PEREZ SR., ADOLFO	12 NAME	PEREZ SR., ADOLFO	
STREET ADDRESS	3701 W. 1ST AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL	14 CITY-ST-ZIP		
TITLE	TR	21 TITLE	TR	☑ Change ☐ Addition
NAME	PEREZ, ADA	22 NAME	PEREZ, ADA	
STREET ADDRESS	3701 W. 1ST AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	HIAHLEAH FL	24 CITY-ST-ZIP		
TITLE	S	31 TITLE	S	☑ Change ☐ Addition
NAME	PEREZ JR., ADOLFO	32 NAME	PEREZ, ADOLFO JR.	
STREET ADDRESS	5840 W. 3RD LANE	33 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☑ Change ☐ Addition
NAME	AINI, RAQUEL	42 NAME		
STREET ADDRESS	1805 CHURCH AVE	43 STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN NY	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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.

SIGNATURE: Adolfo Perez — ADOLFO PEREZ SR.-P. — 07-25-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0049000 CP