FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 AUG 27 PM 1:05

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

1. Corporation Name

PEARL COLLECTION, INC.

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

BR 9/5/96

3. Date Incorporated or Qualified: **04/25/1989**

3a. Date of Last Report: **08/03/1995**

2. Principal Place of Business
21 **7495 WEST 2ND COURT**
Suite, Apt. #, etc.
22
City & State
23 **HIALEAH, FL**
Zip 24 **33014** Country 25 **DADE**

2a. Mailing Address
26 **7495 WEST 2ND COURT**
Suite, Apt. #, etc.
27
City & State
28 **HIALEAH, FL**
Zip 29 **33014** Country 30 **DADE**

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

81 Name

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

300001942933
-09/10/96--01032--006
****225.00 ****225.00

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PEREZ SR., ADOLFO		1.2 NAME		
STREET ADDRESS	3701 W. 1ST AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PEREZ, ADA		2.2 NAME		
STREET ADDRESS	3701 W. 1ST AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIAHLEAH FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PEREZ JR., ADOLFO		3.2 NAME		
STREET ADDRESS	5840 W. 3RD LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		3.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	AINI, RAQUEL		4.2 NAME		
STREET ADDRESS	1805 CHURCH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN NY		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 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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. 6-26-96 305-819-0068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #