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May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L72846 (3)

1. Corporation Name  
FERON CORP.

Principal Place of Business  
8089 HOLLYWOOD BLVD  
HOLLYWOOD FL 33024-7835  
US

Mailing Address  
8089 HOLLYWOOD BLVD  
HOLLYWOOD FL 33024-7835  
US



2. Principal Place of Business

21 9650 SW 62 CT.  
Suite, Apt. #, etc.

22 City & State  
MIAMI, FLA

23 Zip Country  
33156

24 25

2a. Mailing Address

26 9650 SW 62 CT  
Suite, Apt. #, etc.

27 City & State  
MIAMI, FLA

28 Zip Country  
33156 DAVE

29 30

3. Date Incorporated or Qualified  
05/11/1990

3a. Date of Last Report  
05/01/1996

4. FEI Number  
65-0194715

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

ROSEN, RONALD, R  
8089 HOLLYWOOD BLVD  
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

81 Name RONALD R. ROSEN

82 Street Address (P.O. Box Number is Not Acceptable)  
9650 SW 62 CT.

83

84 City MIAMI

FL

85 Zip Code 33156

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 *Ronald R. Rosen* RONALD R. ROSEN DATE 4/29/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE  
NAME ROSEN, RONALD R.  
STREET ADDRESS 9650 SW 62ND CT  
CITY- ST- ZIP MIAMI FL

TITLE VSD ☐ DELETE  
NAME SAMEK-ROSEN, FERN  
STREET ADDRESS 9650 SW 62ND CT  
CITY- ST- ZIP MIAMI FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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 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: *Ronald R. Rosen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 305-6670300  
Date Daytime Phone #

CR2E034 (9/96)