

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M18205** (8)

1. Corporation Name

PRICE MANAGEMENT CO. INC.



Principal Place of Business

**1901 N.W. NORTH RIVER DR.
APT. A109
MIAMI FL 33125**

Mailing Address

**1901 N.W. NORTH RIVER DR.
APT. A109
MIAMI FL 33125**

3. Date Incorporated or Qualified
07/18/1985

3a. Date of Last Report
05/01/1995

4. FEI Number

59-2593422

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**PRICE, KENNETH J.
8475 S.W. 185 TERR.
MIAMI FL 33157**

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607 (0502) and 607.1505, 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607 (0505), Florida Statutes.

SIGNATURE

Signature (Print or printed name of registered agent and the corporation)

Printed Registered Agent signature (if required when changing)

Date

12. OFFICERS AND DIRECTORS

TITLE **SD**
NAME **PEREZ, MAYDA A.**
STREET ADDRESS **1901 NW N RIVER DR. #A311**
CITY- ST- ZIP **MIAMI FL**

☐ DELETE

TITLE **TD**
NAME **PRICE, DENNIS J.**
STREET ADDRESS **6060 SHORE BLVD. S.**
CITY- ST- ZIP **GULF PORT FL**

☐ DELETE

TITLE **PD**
NAME **PRICE, KENNETH J.**
STREET ADDRESS **8475 S.W. 185TH TERRAC**
CITY- ST- ZIP **MIAMI FL**

☐ DELETE

TITLE **VD**
NAME **PRICE, JOHN, J**
STREET ADDRESS **7400 SW 141ST TERR**
CITY- ST- ZIP **MIAMI FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption state in Section 119.07(3)(a), 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:

Mayda A. Perez-Secretary

04/29/96

305-325-1357

CR2E034 (12/95)