FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 10:57

DOCUMENT # **M56989** **(0)**

1. Corporation Name
PERSAR OF FLORIDA, INC.

Principal Place of Business	Mailing Address
~~% COPROLITE CORPORATION~~	~~% COPROLITE CORPORATION~~
~~PO BOX 630817~~	~~PO BOX 630817~~
~~MIAMI FL 33163~~	~~MIAMI FL 33163~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/06/1987	3a. Date of Last Report: 02/18/1994
4. FEI Number: 65-0036269	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 3079 NE 163 STREET	26 P O BOX 630817
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 NO. MIAMI BEACH, FL	City & State 28 MIAMI, FL
Zip 24 33160 Country 25 USA	Zip 29 33163 Country 30 USA

9. Name and Address of Current Registered Agent

ROSEN, LARRY
ROLLNICK, ROSEN & LINDEN
133 SEVILLA
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 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, of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~P~~	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	~~AZOUT, JACK~~	1.2 NAME	AZOUT, JACK
STREET ADDRESS	~~7951 SW 6TH ST 210~~	1.3 STREET ADDRESS	3802 NE 207 STREET #1502
CITY-ST-ZIP	~~PLANTATION FL~~	1.4 CITY-ST-ZIP	NO. MIAMI BEACH, FL 33180
TITLE	~~S~~	2.1 TITLE	S/D ☒ Change ☐ Addition
NAME	~~AZOUT, GILDA~~	2.2 NAME	AZOUT, GILDA
STREET ADDRESS	~~7951 SW 6TH ST 210~~	2.3 STREET ADDRESS	3802 NE 207 STREET #1502
CITY-ST-ZIP	~~PLANTATION FL~~	2.4 CITY-ST-ZIP	NO. MIAMI BEACH, FL 33180
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: JACK AZOUT, PRES. 2/10/95 (305) 935-5175
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0206700 CP