

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

DOCUMENT # **M56989** (0)

1. Corporation Name

**PERSAR OF FLORIDA, INC.**



Principal Place of Business

**3079 NE 163 ST  
NORTH MIAMI BEACH FL 33160  
US**

Mailing Address

**PO BOX 630817  
MIAMI FL 33163  
US**

3. Date Incorporated or Qualified

**08/06/1987**

3a. Date of Last Report

**02/20/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

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

81 Name

**PREMIER ASSET MANAGEMENT, INC.**

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

**2100 Park Central Boulevard North  
SUITE 900**

83

84 City

**POMPANO BEACH**

**FL**

85

Zip Code

**33064**

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]*  
Signature typed or printed name of registered agent and title if applicable

**JACK AZOUT, PRESIDENT**

**3/6/96**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. DELETE
PD	AZOUT, JACK	3802 NE 207 ST #1502	NO. MIAMI BEACH FL	<input type="checkbox"/>
SD	AZOUT, GILDA	3802 NE 207 ST #1502	NO. MIAMI BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. DELETE	6. CHANGE	7. ADDITION
PD	AZOUT, JACK	3802 NE 207th ST. STE#1502	NORTH MIAMI BEACH, FL 33180	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	AZOUT, GILDA	3802 NE 207th ST. STE#1502	NORTH MIAMI BEACH, FL 33180	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**900001740803**

**03/13/96-01022-007**

**\*\*\*200.00**

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)(k), 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JACK AZOUT, PRESIDENT**

**2/26/96**

DATE

DAYTIME PHONE

CR2E034 (12/95)