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Feb 06 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 # M56989 (0)

1. Corporation Name
PERSAR OF FLORIDA, INC.

Principal Place of Business
3079 NE 163 ST
NORTH MIAMI BEACH FL 33180
US

Mailing Address
PO BOX 630817
MIAMI FL 33163-0817
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

PREMIER ASSET MANAGEMENT, INC.
2100 PARK CENTRAL BLVD N
SUITE 900
POMPANO BEACH FL 33064

3. Date Incorporated or Qualified
08/06/1987

3a. Date of Last Report
03/12/1996

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

10. Name and Address of New Registered Agent

31 Name

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

33

34 City

FL

35 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 name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME AZOUT, JACK
STREET ADDRESS 3802 NE 207 ST #1502
CITY-ST-ZIP NO. MIAMI BEACH FL

DELETE

TITLE SD
NAME AZOUT, GILDA
STREET ADDRESS 3802 NE 207 ST #1502
CITY-ST-ZIP NO. MIAMI BEACH FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
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DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Azout

1/30/97

(305) 935-5175

Date Daytime Phone

CR2E034 (9/96)