

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/27/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUL -3 AM 8:25

DOCUMENT # M88886 (0)

1. Corporation Name
PIERVAL CORP.

Principal Place of Business Making Address
**777 BAYSHORE DR. #1503
FORT LAUDERDALE FL 33304**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/11/1988	3a. Date of Last Report 04/29/1994
4. FEI Number 65-0070582	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election to be treated as a corporation ☐	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 190.005, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Making Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**DANNER, ANN M.
777 BAYSHORE DRIVE #1503
FT. LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1208, 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: *Ann M. Danner* **ANN M. DANNER, VICE PRESIDENT** **6/27/95**

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	STREET ADDRESS
CITY, ST, ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY, ST, ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY, ST, ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY, ST, ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY, ST, ZIP	

13. ADDITIONAL OFFICERS AND DIRECTORS
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 610.07(3)(b), Florida Statutes. I further certify that the information included 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 of this report, or as an attachment with my address.

SIGNATURE: *Ann M. Danner* **ANN M. DANNER - VICE PRESIDENT** **6/27/95** **705 566 7096**

CR2E034 (3/95)