

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000005400 (6)

1. Corporation Name

PLEADS FAMILY, INC.



Principal Place of Business

**21075 NW MIAMI CT
MIAMI FL 33169**

Mailing Address

**21075 NW MIAMI CT
MIAMI FL 33169**

3. Date Incorporated or Qualified
10/31/1994

3a. Date of Last Report
08/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0548691

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

9. Name and Address of Current Registered Agent

**PEAN, PIERRE
21075 NW MIAMI CT
MIAMI FL 33169**

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE ☒ DELETE

NAME **PEAN, PIERRE**
STREET ADDRESS **21075 NW MIAMI COURT**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **PEAN, SERETTE**
STREET ADDRESS **21075 NW MIAMI COURT**
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ DELETE

NAME **PEAN, IRVIN**
STREET ADDRESS **21075 NW MIAMI COURT**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition

12 NAME **IRMA CHARLOT**
13 STREET ADDRESS **117 NE 95th Street**
14 CITY-ST-ZIP **Miami, FL 33138**

21 TITLE ☒ Change ☐ Addition

22 NAME **PD**
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☒ Addition

32 NAME **TD**
33 STREET ADDRESS **ABUER LARRENT**
34 CITY-ST-ZIP **7856 PEMBROKE RD
HOLLYWOOD, FL, 33025**

41 TITLE ☐ Change ☒ Addition

42 NAME **D**
43 STREET ADDRESS **ELIRE B. PROSPHERE**
44 CITY-ST-ZIP **9000 NE 4th AVE
ELI PORTEL, FL. 33138**

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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)(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 617, 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

Daytime Phone #

CR2E037 (12/95)