

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED  
AND  
FILED**

**95 JUL -6 AM 8:30**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

**SECRET / FL STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P92000003461 (0)**

1. Corporation Name  
**PICORP, INC.**

Principal Place of Business  
**360 SOLANO PRADO  
CORAL GABLES FL 33156**

Mailing Address  
**360 SOLANO PRADO  
CORAL GABLES FL 33156**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/04/1992** 3a. Date of Last Report **08/10/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

**21** State, Apt. #, etc. **26** State, Apt. #, etc. **65-0405142**  Not Applicable

**22** City & State **27** City & State **5** Certificate of Status Desired  **\$8.75 Additional Fee Required**

**23** City & State **28** City & State **6** Fees for Subsequent Filings  **\$5.00 May Be Added to Fees**

**24** ZIP **25** Country **29** ZIP **30** Country **8** Does corporation have liability for intangible tax under s. 116.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTINEZ-ESTEVE, RAUL J  
901 PONCE DE LEON BLVD  
SUITE 304  
CORAL GABLES FL 33134**

**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 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

(Print name of current registered agent and the corporation)

(Print name of new registered agent and the corporation)

Date

12. OFFICERS AND DIRECTORS

13. OFFICERS AND DIRECTORS

12	13
<p>12.1 NAME: <b>P FINE, ISABEL</b></p> <p>12.2 STREET ADDRESS: <b>10851 S.W. 63RD AVENUE MIAMI FL</b></p>	<p>13.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>13.2 NAME: <b>ISABEL FINE</b></p> <p>13.3 STREET ADDRESS: <b>360 SOLANO PRADO CORAL GABLES, FLORIDA 33156</b></p>
<p>12.3 NAME: <b>P FINE, ROBERT</b></p> <p>12.4 STREET ADDRESS: <b>10851 S.W. 63RD AVENUE MIAMI FL</b></p>	<p>13.4 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>13.5 NAME: <b>ROBERT FINE</b></p> <p>13.6 STREET ADDRESS: <b>360 SOLANO PRADO CORAL GABLES, FLORIDA 33156</b></p>
12.5 NAME: [Blank]	13.7 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME: [Blank]	13.8 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME: [Blank]	13.9 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 NAME: [Blank]	13.10 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME: [Blank]	13.11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME: [Blank]	13.12 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily prepared and drawn and qualify for the exemptions stated in Sections 110.07(1)(b), Florida Statutes. I further certify that the information submitted 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 officer or director empowered to execute this report as required by Chapter 217, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an addendum with an address.

SIGNATURE: *Isabel Fine* **ISABEL FINE, PRES 6-28-95 (305) 444-9829**

CR2E034 (3/95)