## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1998

STREET ADDRESS

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CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Moutham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1, Corporation Name P94000079516 (8)

PEREIRA RODRICKS, INC.

Mailing Address Principal Place of Business 1610 E. HALLANDALE BEACH BLVD 1610 E. HALLENDALE BEACH BLVD HALLANDALE FL 33009 HALLANDALE FL 33009 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/27/1994 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0532108 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 30 24 25 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RODRICKS, PAMELA R HLAN Street Address (P.O. Box Number is Not Acceptable) 1301 NE 7 STREET SUITE 510 83 HALLANDALE FL 33009 Zip Code 33009 84 HALLANDALE 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. 4-11-93 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE red agent and litte if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE PRESIDENT 1.1 TITLE TITLE RODRICKS RODRICKS, PAMELA R NAME 1.2 NAME 1301 NE 7 55, # 510 1301 NE 7 ST., #510 13 STREET ADDRESS STREET ADORESS HALLANDALE, GL 33009 HALLANDALE FL 14 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP Change Addition DELETE TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP Addition Change □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Addition ☐ Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I 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

4-25-37 90454-8484

**FILED** 

May 01 1998 8:00am

Secretary of State