

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

*2/27/96 B-1571 C*

DOCUMENT # **P95000005822 (8)**

1. Corporation Name  
**PEDRO ROVIRA USA, INC.**



Principal Place of Business: **1000 BRICKELL AVE. SUITE 630 MIAMI FL 33131**  
Mailing Address: **1000 BRICKELL AVE. SUITE 630 MIAMI FL 33131**

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

3. Date Incorporated or Qualified: **01/12/1995** 3a. Date of Last Report:  
4. F.I.J. Number: **65-0551563** 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  
**ALONSO, LUISA  
1541 BRICKELL AVE.  
SUITE C2206  
MIAMI FL 33129**

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 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP ROVIRA, PEDRO</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1000 BRICKELL AVE., SUITE 630 MIAMI FL 33131</b>		
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE	<b>DVT LACORTE, JOAN</b>	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1000 BRICKELL AVE., SUITE 630 MIAMI FL 33131</b>		
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE	<b>DVS PERRINO, PEDRO</b>	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1000 BRICKELL AVE., SUITE 630 MIAMI FL 33131</b>		
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

1. TITLE:  Change  Addition  
2. NAME:  
3. STREET ADDRESS:  
4. CITY-STATE-ZIP: **D/V LACORTE, JOAN  
1000 BRICKELL AVE, SUITE 630  
MIAMI, FL 33131**

5. TITLE:  Change  Addition  
6. NAME:  
7. STREET ADDRESS:  
8. CITY-STATE-ZIP: **D/V/P PERRINO, PEDRO  
1000 BRICKELL AVE, SUITE 630  
MIAMI, FL 33131**

9. TITLE:  Change  Addition  
10. NAME:  
11. STREET ADDRESS:  
12. CITY-STATE-ZIP: **D/V/S ALONSO, LUISA  
1000 BRICKELL AVE, SUITE 630  
MIAMI, FL 33131**

13. TITLE:  Change  Addition  
14. NAME:  
15. STREET ADDRESS:  
16. CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Pedro Perrino* **PEDRO PERRINO** *2/21/96* **(305) 373-4400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)