SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996
DOCUMENT #

P95000019508 (7)

Sorporation Name	-	_	_	_	_	_	_	-	_	_	_	_	
PLEASURE MANUFA	CTI	JR	IN(	3,	IN	C.							

	of Business	Mailing Address				
910 WEST 19		910 WEST 19TH S	TREET			
HIALEAH FL		HIALEAH FL 33010				
					<ol> <li>Date Incorporated or Qualified 03/08/1995</li> </ol>	3a. Date of Last Report
2. Principal Pla 21	ace of Business	2a. Mailing Address	:		4. FEI Number 056-103	Applied For Not Applicable
Suite Apt #	f, etc.	Suite, Apt. #, etc	>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zıp	Cou	intry	8. This corporation has liability fo	
24	25	29	30	<b></b>	Florida Statutes	Yes No
	9. Name and Address of Curren	t Registered Agent		4-1	10. Name and Address of New R	egistered Agent
WC	OLLANO, FRANK			81 Name		
	601 BISCAYNE BLVD.			<b>62</b> Street Add	ress (P.O. Box Number is Not Accepta	ible)
#3						
N0	PRTH MIAMI FL 33181			83		
				<b>84</b> City		FL 85 Zip Code
office or re agent I an SIGNATURE	gistered agent, or both, in the State in familiar with, and accept the obliga Signature histor protestnance projected age OFFICERS AN	of Florida, Such change valions of, Section 607,050 and title if applicable.	was authorized 5, Florida Statu (NOTE Registera	I by the corporati		ut the appointment as registered
12.	PSTD OFFICERS AN	DELET	13.	*	ADDITIONS/CHANGES TO OFF	
1	PLACERES, CELIA	[] vecei		ı		Change Addition
NAME			12 NA	·		
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STREET ADDRESS	513 WEST 16TH STREET					
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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 TYPEO OR PRINTED RAME OF SIGNING OFFICER OR DIRECTOR

06/18/96 (305)884-0964

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