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

PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE: 🗷

DOCUMENT # P95000023981 (0)

1. Corporation Name

PL & ASSOCIATES CONSULTING, INC.								
Principal Place				O DAN DENM UN	JOO 13178 10101	1010  1131 (681		
10236 BOCA	ENTRADA BLVD.	10236 BOCA ENTRADA	BLVD.					
SUITE 126 SUITE 126			•	1				
BOCA RATOR	N FL 33428	BOGA RATON FL 3342	В	Ī	3. Date Incorporated or Qualified	3a. Date	of Last R	eport
					03/24/1995			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 05 7 5 33	33	<u> </u>	Applied For
1		26 Suite Apl # oto			61-07 1777			Not Applicable Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Required
City & State		City & State			6. Election Campaign Financing		\$5.0	May Be
3		28			Trust Fund Contribution	Added to Fees		- •
Ζιρ	Country	Zip	Country		8. This corporation has liability for		ax under s	199.032,
4	25	29	30]		Florida Statutes Yes			
	g. Name and Address of Curren	t Registered Agent	81 Nan	no.	10. Name and Address of New R	egisterea	Agent	
			oi Nan	ne				
PEREZ,	82 Stre	et Address	s (P.O. Box Number is Not Acceptab	ele)		. —		
	OCA ENTRADA BLVD.		83				<del></del>	
SUITE 1								
BOCA H	ATON FL 33428		<b>B4</b> City	,		FL	85 Zı	o Code
12.	Signature, typed or printed name of registered agent OFFICERS AN	D DIRECTORS	TE Rogistered Agent signat	ore reignied wi	ADDITIONS/CHANGES TO OFF			
TITLE	PRESIDENT	☐ DELETE	1. 1 TITLE				☐ Chançe	Addition
NAME	PEDRO PEREZ	. 2	1.2 NAME	}				
STREET ADDRESS	10236 BOCA ENTRAD	9 BUD. #126	1 3 STREET ADDRE	SS				
DITY - ST - ZIP	BOLA RATON, FL	DELETE DELETE	1.4 CITY - ST - ZIP 2 1 TITLE				Change	Addition
VAME			2 2 NAME			'		
STREET ADDRESS			2 3 STREET ADDRE	ss				
CITY-ST-7-P			2.4 CITY-ST-7/P					
Title		☐ DELETE	3 1 TITLE			,	Change	☐ Addition
NAME			3 2 NAME					
STREET ADDRESS			33 STREET ADDRE	ESS				
0 <u>  Y</u> -\$]- <u>ZIP</u>	ļ	E3 DELETE	3 4 CITY - ST - ZIP				Change	Addition
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NAME COULT ADDOCESS			4.2 NAME 4.3 STREET ADDRE	, l				
STREET ADORESS CITY-ST-ZIP			4.4 CITY - ST - 2IP					
III:E		☐ DELETE	5 1 TITLE				Change	Addition
NAMÉ		<del>-</del>	5 2 NAME					
STREET ADDRESS	-		5.3 STREET ADDRE	ss				
COTY - ST - ZIP			5.4 CITY-ST-ZIP	<u> </u>				
TITLE		☐ DELETE	6 1 TITLE				☐ Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6 3 STREET ADDRE	ss				
CHY-ST ZIP	by certify that the information supplied	with this there is not intend the	64 City-St-ZiP	auglit: to:	the exemption stated in Section 110	O7/3)/L\ E	orida Statu	tos I furthar
certify that	by centry that the information supplied it the information indicated on this ann I am an officer or director of the corp in Block 12 or Block 13 if changed, or	ual report or supplemental and oration or the receiver or truste	nual report is true and se empowered to exe	d accurate	and that my signature shall have the	i same lega	Lenecrasi	t made under