

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000029364 (3)

1. Corporation Name

PEARADEAN, INC.

Principal Place of Business

251 ROYAL PALM WAY SIXTH FLOOR  
PALM BEACH FL 33480

Mailing Address

251 ROYAL PALM WAY SIXTH FLOOR  
PALM BEACH FL 33480



|                                |                                |
|--------------------------------|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address            |
| 21 Mendoza, Callas & Schilling | 21 Mendoza, Callas & Schilling |
| 22 Suite, Apt. #, etc.         | 22 Suite, Apt. #, etc.         |
| 23 City & State                | 23 City & State                |
| 24 Zip                         | 24 Zip                         |
| 25 Country                     | 25 Country                     |

|                                                                                         |                                                                     |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 3. Date Incorporated or Qualified                                                       | 3a. Date of Last Report                                             |
| 04/10/1995                                                                              |                                                                     |
| 4. FEI Number                                                                           | Applied For                                                         |
| 65-0576836                                                                              | 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> |

9. Name and Address of Current Registered Agent

DE MENDOZA, MARIO G III  
251 ROYAL PALM WAY SIXTH FLOOR  
PALM BEACH FL 33480

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

Signature, typed or printed name of signatory and date of signature

Signature, typed or printed name of signatory and date of signature

DATE

| 12. OFFICERS AND DIRECTORS |                                | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                         |
|----------------------------|--------------------------------|-------------------------------------------------------|-------------------------|
| TITLE                      | DE MENDOZA, MARIO G III        | 1.1 TITLE                                             | AS                      |
| NAME                       | 251 ROYAL PALM WAY SIXTH FLOOR | 1.2 NAME                                              |                         |
| STREET ADDRESS             | PALM BEACH FL 33480            | 1.3 STREET ADDRESS                                    |                         |
| CITY- ST- ZIP              |                                | 1.4 CITY- ST- ZIP                                     |                         |
| TITLE                      |                                | 2.1 TITLE                                             | D/P/S/T                 |
| NAME                       |                                | 2.2 NAME                                              | Deen L. Edelman         |
| STREET ADDRESS             |                                | 2.3 STREET ADDRESS                                    | 251 Royal Palm Way, 602 |
| CITY- ST- ZIP              |                                | 2.4 CITY- ST- ZIP                                     | Palm Beach, FL 33480    |
| TITLE                      |                                | 3.1 TITLE                                             |                         |
| NAME                       |                                | 3.2 NAME                                              |                         |
| STREET ADDRESS             |                                | 3.3 STREET ADDRESS                                    |                         |
| CITY- ST- ZIP              |                                | 3.4 CITY- ST- ZIP                                     |                         |
| TITLE                      |                                | 4.1 TITLE                                             |                         |
| NAME                       |                                | 4.2 NAME                                              |                         |
| STREET ADDRESS             |                                | 4.3 STREET ADDRESS                                    |                         |
| CITY- ST- ZIP              |                                | 4.4 CITY- ST- ZIP                                     |                         |
| TITLE                      |                                | 5.1 TITLE                                             |                         |
| NAME                       |                                | 5.2 NAME                                              |                         |
| STREET ADDRESS             |                                | 5.3 STREET ADDRESS                                    |                         |
| CITY- ST- ZIP              |                                | 5.4 CITY- ST- ZIP                                     |                         |
| TITLE                      |                                | 6.1 TITLE                                             |                         |
| NAME                       |                                | 6.2 NAME                                              |                         |
| STREET ADDRESS             |                                | 6.3 STREET ADDRESS                                    |                         |
| CITY- ST- ZIP              |                                | 6.4 CITY- ST- 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 only in attachment with an address.

SIGNATURE: *Deen L. Edelman*  
Deen L. Edelman, President

(x) 4/20/1996 (97) 791-9719

CR2E034 (12/95)