

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000086967 (3)

1. Corporation Name

POMEROL INDUSTRIES, INC.



Principal Place of Business

**10205 COLLINS AVENUE, SUITE 503
BAL HARBOUR FL 33154**

Mailing Address

**10205 COLLINS AVENUE, SUITE 503
BAL HARBOUR FL 33154**

2. Principal Place of Business

21] Suite, Apt. #, etc.

22] City & State

23] Zip Country

24] 25]

2a. Mailing Address

26] Suite, Apt. #, etc.

27] City & State

28] Zip Country

29] 30]

g. Name and Address of Current Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81] Name

82] Street Address (P.O. Box Number is Not Acceptable)

83]

84] City

FL 85] Zip Code

3. Date Incorporated or Qualified
11/13/1995

3a. Date of Last Report

4. FEI Number
65-0620460

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

10. Name and Address of New Registered Agent

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 registered agent and the corporation

Date of Report (April 15, 1997, or later, as required by Section 607.0502)

Date

12. OFFICERS AND DIRECTORS

1. TITLE DELETE
NAME **PSTD LAMOTHE, AURELE H**
STREET ADDRESS **10205 COLLINS AVENUE, SUITE 503**
CITY-STATE-ZIP **BAL HARBOUR FL 33154**

2. TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3. TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE Change Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE Change Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE Change Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE Change Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE Change Addition

22. NAME

23. STREET ADDRESS

24. 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 on an attachment with an address.

SIGNATURE:

A. Lamothe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

61-16-96 864-2158 (305)

CR2E034 (12/95)