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FILED  
Apr 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000004909 (3)

1. Corporation Name

PIERCE AND ASSOCIATES A FLORIDA, CORP.

Principal Place of Business

1525 LENOX AVE  
MIAMI BEACH FL 33139

Mailing Address

1525 LENOX AVE  
MIAMI BEACH FL 33139-3303

3. Date Incorporated or Qualified

01/12/1996

3a. Date of Last Report

2. Principal Place of Business

21 1276 South Venetian Way

Suite, Apt. #, etc.

City & State

23 Miami, Florida

Zip

24 33139

Country

25 U.S.

2a. Mailing Address

26 1276 South Venetian Way

Suite, Apt. #, etc.

City & State

28 Miami, Florida

Zip

29 33139

Country

30 U.S.

4. FEI Number

65-0635485

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

PIERZCHAJLO, STAN  
1525 LENOX AVE  
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

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

1276 South Venetian Way

83

84 City

Miami

FL

85 Zip Code

33139

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:

*Stan Pierzchajlo*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

April 9-97

12. OFFICERS AND DIRECTORS

TITLE D  
NAME PIERZCHAJLO, STAN  
STREET ADDRESS 1525 LENOX AVE  
CITY-ST-ZIP MIAMI BEACH FL 33139

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME STAN PIERZCHAJLO

1.3 STREET ADDRESS 1276 South Venetian Way

1.4 CITY-ST-ZIP Miami, FL 33139

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Stan Pierzchajlo*  
STAN PIERZCHAJLO (305) 373-7222  
PRESIDENT April 9-97  
Date Daytime Phone #

CR2E034 (9/96)