SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 98 NOV -3 PM 2: 39 1997 SECRETARY OF STATE
TALLAHASSEE, FLORID P96000019989 (8) **DOCUMENT #** BLACK PEARL, INC. Principal Place of Business Mailing Address 401 BISCAYNE BLVD. 401 BISCAYNE BLVD. BAY N-117 **BAY N-117** MIAMI FL 33132 MIAMI FL 33132 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 03/05/1996 2. Principal Place of Business 2a. Mailing Address Numbe Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FELDMAN, DAVID 407 LINCOLN ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PH NE MIAMI BEACH FL 33139 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (4/97)DELETE TITLE 1.1 TITLE Спапре STRALLINIKOFF, CARLOS NAME 1.2 NAME **32E034** 401 BISCAYNE BLVD. #N-117 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33132 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE \_\_\_ DELETE Change 2.1 TITLE Addition 800002682638--11/06/38--01034--007 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS \*\*\*\*550.00 \*\*\*\*550:00 CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE TITLE Change 3.1 TITLE Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS C!TY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ Change TIT! F DELETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP filling does not qualify for the exemption stated in Section 11907(3)(i), Florida Statutes. I further certify that the left annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that er or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name achiment with an address. 14. I do hereby certify that the information supplied with the information indicated on this annual report or supplier I am an officer or director of the corporation of the properties. appears in Block 12 or Block 13 if change

IRE REQUIRED

SIGNATURE: