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Apr 29 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 # P96000020642 (0)

1. Corporation Name
PRESTOLAM PRODUCTS INC.

Principal Place of Business

18260 N. BAY ROAD
#412
MIAMI BEACH FL 33160

Mailing Address

18260 N. BAY ROAD
#412
MIAMI BEACH FL 33160-2753



3. Date Incorporated or Qualified
03/06/1996

3a. Date of Last Report

4. FEI Number
65-0648457

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

2. Principal Place of Business
21 2500 PARK ROAD

2a. Mailing Address
26 2500 PARK ROAD

22 Suite, Apt. #, etc.
2A3

27 Suite, Apt. #, etc.
2A3

23 City & State
Pembroke Park FL

28 City & State
Pembroke Park FL

24 Zip
33009

25 Country
USA

29 Zip
33009

30 Country
USA

9. Name and Address of Current Registered Agent

HORNICK, PETER
18260 N. BAY ROAD
#412
MIAMI BEACH FL 33160

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

Signatures typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME HORNICK, PETER
STREET ADDRESS 18260 N. BAY ROAD #412
CITY - ST - ZIP MIAMI BEACH FL 33160

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition
1.2 NAME BELAND, GUY
1.3 STREET ADDRESS 18260 N. BAY ROAD #412
1.4 CITY - ST - ZIP NORTH MIAMI, FL 33160

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
2.2 NAME HORNICK, PETER
2.3 STREET ADDRESS 8100 PARK BLVD UNIT 24
2.4 CITY - ST - ZIP PINELLAS PARK, FL 33665

3.1 TITLE SECRETARY ☐ Change ☒ Addition
3.2 NAME CHASSON, SYLVIE
3.3 STREET ADDRESS 18260 N. BAY ROAD #412
3.4 CITY - ST - ZIP NORTH MIAMI, FL 33160

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
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

April 29, 97

(954) 981-3308

CR2E034 (9/96)