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FILED

Jan 27 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 # P96000094132 (3)

1. Corporation Name

THE PLEASURE GROUP, INC.

Principal Place of Business

19820 SW 83 AVENUE
MIAMI FL 33189-2014

Mailing Address

19820 SW 83 AVENUE
MIAMI FL 33189-2007

3. Date Incorporated or Qualified
11/18/1996

3a. Date of Last Report

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

4. FEI Number

65-0711132

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

RUSSELL, BYRON R
7211 SW AVENUE
SUITE 204
MIAMI FL 33143

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 of Registered Agent or printed name of registered agent and title if applicable

ROBERT SKOLNICK PRES

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SKOLNICK, ROBERT	
STREET ADDRESS	19820 SW 83 AVE	
CITY - ST - ZIP	MIAMI FL 33189	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KANTOR, LAWRENCE	
STREET ADDRESS	145 ALMERIA AVE	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ESCOBAR, MANUEL	
STREET ADDRESS	19851 HAMMOCKS BLVD, APT 8-26	
CITY - ST - ZIP	MIAMI FL 33196	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROUVIERE, ANDRE	
STREET ADDRESS	145 ALMERIA AVE	
CITY - ST - ZIP	CORAL FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TD
3.3 STREET ADDRESS	DR. PAUL CARO
3.4 CITY - ST - ZIP	14272 SW 192 TR.
	MIAMI FL 33177
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT SKOLNICK PRES 1/12/97 (305) 238-7885

Date

Daytime Phone

CR2E034 (9/96)