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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **S75939** (6)

1. Name of Corporation  
**PIERRE ARNOLD TENNIS INC.**

Principal Office of Corporation: **9511 NW 33RD PL  
SUNRISE FL 33351**  
Mailing Address: **9511 NW 33RD PL  
SUNRISE FL 33351**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/23/1991**  
3a. Date of Last Report: **05/10/1994**

2. Principal Office of Business: **21**  
2a. Mailing Address: **26**

4. FEI Number: **65-0296172**  
Applied For:  Not Applicable

22. State, Apt. #, etc.: **27**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

23. City & State: **28**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

24. Zip: **25** Country: **29**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**GUITIAN, MARIA ANTONIA  
717 PONCE DE LEON BLVD.  
SUITE 222  
CORAL GABLES FL 33134**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Applied Agent or Principal Office of registered agent and filed a charter) (NOTE: Registered Agent signature required when resending)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>ARNOLD, PIERRE</b>
STREET ADDRESS	<b>9511 NW 33RD PL</b>
CITY-ST-ZIP	<b>SUNRISE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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)(b), 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. If it is an officer or director of the corporation or the receiver or liquidator 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, on an attachment with an address.

SIGNATURE: *P. Arnold* **PIERRE ARNOLD** 1/20/95 305 746 6708  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR