

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S78763 (7)

1. Corporation Name

PARDO CORPORATION OF SOUTH FLORIDA



Principal Place of Business

Mailing Address

801 S BAYSHORE DR.
SUITE 670
MIAMI FL 33131

801 S BAYSHORE DR.
SUITE 670
MIAMI FL 33131

3. Date Incorporated or Qualified
09/06/1991

3a. Date of Last Report
08/11/1995

2. Principal Place of Business
21 801 S. BAYSHORE DR.

2a. Mailing Address
26 801 S. BAYSHORE DR.

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22 SUITE 1665

27 SUITE 1665

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

23 MIAMI - FLORIDA

28 MIAMI - FLORIDA

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

24 33131 25 U.S.A.

29 33131 30 U.S.A.

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARDO, POLY
801 BAYSHORE DRIVE SUITE #670 1665
MIAMI FL 33131

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 typed or printed below of registered agent and filed applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE
NAME PARDO, POLY
STREET ADDRESS 801 S. BAYSHORE DR. #670
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME PARDO, DAVID
STREET ADDRESS 801 S. BAYSHORE DR. #670
CITY-ST-ZIP MIAMI FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME PARDO, SABETAY
STREET ADDRESS 801 S. BAYSHORE DR. #670
CITY-ST-ZIP MIAMI FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME PARDO, THEODOR
STREET ADDRESS 801 S. BAYSHORE DR. #670
CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ DELETE
NAME PARDO, JOSE
STREET ADDRESS 801 S. BAYSHORE DR. #670
CITY-ST-ZIP MIAMI FL

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

TITLE CM ☐ DELETE
NAME PARDO, ELY
STREET ADDRESS 801 S. BAYSHORE DR. #670
CITY-ST-ZIP MIAMI FL

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Poly Pardo V. (POLY PARDO) AUGUST 2, 1996 (305) 374-5685.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)