FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # S92986

1. Corporation Name: PERVERT, INC.

Principal Place of Business: 1655 MERIDIAN AVE, MIAMI BEACH, FL 33139

Mailing Address:

2. Principal Place of Business
21 1655 MERIDIAN AVE
Suite, Apt. #, etc.
22 MIAMI BEACH, FL
City & State
23
Zip 24 33139 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 11/1/91

3a. Date of Last Report: 5/95

4. FEI Number: 65-0315837 — 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

X ~~BOB~~ JAMES GERMANOS
1766 MICHIGAN AVE
MIA. BCH. FL. 33139

10. Name and Address of New Registered Agent

X 81 Name: TODD GLASER
82 Street Address (P.O. Box Number is Not Acceptable): 1655 MERIDIAN AVE.
83
84 City: MIAMI BCH FL 85 Zip Code: 33139

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X J. G. - TODD GLASER V.P. — DATE: 5/21/96

Signature of typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required on all resignations.

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	JAMES J. GEORGE	
STREET ADDRESS	1655 MERIDIAN AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	VICE-PRESIDENT	☐ DELETE
NAME	TODD GLASER	
STREET ADDRESS	1655 MERIDIAN AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	SECRETARY/TREASURER	☐ DELETE
NAME	TODD GLASER	
STREET ADDRESS	1655 MERIDIAN AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

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***225.00

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: X J. G. - TODD GLASER — Date: 5/21/96 — Daytime Phone #: 305-672-0466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)