

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**APPROVED  
AND  
FILED**

**95 APR 24 AM 10:08**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # V52200**

**(5)**

1. Corporation Name  
**PITCHON, INC.**

Principal Place of Business

Mailing Address

**6770 INDIAN CREEK DRIVE 5600 Collins Ave 6770 INDIAN CREEK DRIVE  
UNIT #126 #4Y UNIT #126 54 NE  
MIAMI BEACH FL 33141 MIAMI BEACH, FL MIAMI BEACH FL 33141  
33140**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**07/20/1992**

3a. Date of Last Report  
**04/27/1994**

4. FEI Number  
**65-0352185**

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**

6. This corporation has liability for intangible tax under S. 195.052,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **5600 Collins Ave #4Y** 26 **5600 Collins Ave**

22 Suite, Apt. #, etc.  
**#4Y**

27 Suite, Apt. #, etc.  
**#4Y**

23 City & State

28 City & State

**MIAMI BEACH, FL**

**MIAMI BEACH, FL**

24 Zip  
**33140**

25 Country  
**USA**

29 Zip  
**33140**

30 Country  
**USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PITCHON, SOL  
6770 INDIAN CREEK DR. 12 S  
MIAMI BEACH FL 33141**

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 name of registered agent and title if applicable

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPS  
PITCHON, SOL  
6770 INDIAN CREEK DR. 5600 Collins Ave #4Y  
MIAMI BEACH FL 33140**

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(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 on an attachment with an address.

SIGNATURE:

*Sol Pitchon* **Sol Pitchon PRES**

*4/13/95*

**305-362-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone