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 # **434259** **(8)**

1. Corporation Name

PAMCO CORP.

Principal Place of Business

1550 MADRUGA AVE.
SUITE 230
CORAL GABLES FL 33146
US

Mailing Address

1550 MADRUGA AVE.
SUITE 230
CORAL GABLES FL 33146
US

3. Date Incorporated or Qualified: **09/05/1973**

3a. Date of Last Report: **04/26/1995**

4. FEI Number: **59-1483496** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

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

9. Name and Address of Current Registered Agent

SUCHMAN, LAWRENCE E
1550 MADRUGA AVE. SUITE 230
CORAL GABLES FL 33146

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 607.1502, 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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	SUCHMAN,CLIFFORD L.		1 NAME	
STREET ADDRESS	1550 MADRUGA AVE., SUITE 230		1 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		1 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	SUCHMAN,ELIZABETH SUE		2 NAME	
STREET ADDRESS	1550 MADRUGA AVE., SUITE 230		2 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		2 CITY-ST-ZIP	
TITLE	SVP	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	SUCHMAN, LAWRENCE E		3 NAME	
STREET ADDRESS	1550 MADRUGA AVE., SUITE 230		3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		3 CITY-ST-ZIP	
TITLE	TVP	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME	SUCHMAN, DANIEL		4 NAME	
STREET ADDRESS	1550 MADRUGA AVE., SUITE 230		4 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing complies with the requirements of, to the best of my knowledge, the applicable statutes. 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 added above or on an attachment with an address.

SIGNATURE: *Clifford L. Suchman* 04/05/96 305-667-6461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CLIFFORD L. SUCHMAN PRESIDENT

CR2E034 (12/95)