

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

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
CORPORATION DIVISION

DOCUMENT # L15851

(3)

1. Corporation Name

PACOMAYELA, INC.

Principal Place of Business

5509 BROADWAY
WEST PALM BEACH FL 33407-2603

Mailing Address

5509 BROADWAY
WEST PALM BEACH FL 33407-2603

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/13/1989

3a. Date of Last Report
05/01/1994

4. FEI Number

65-0152044

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

State, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

AMADO, FRANCISCO
2616 OKLAHOMA STREET
WEST PALM BEACH FL 33406-1210

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

(Signature of Registered Agent required when reappointing)

(Signature of Registered Agent required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY - ST - ZIP

DPT
AMADO, FRANCISCO
2616 OKLAHOMA ST.
WEST PALM BEACH FL

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY - ST - ZIP

DVS
AMADO, MARIA M
2616 OKLAHOMA ST
WEST PALM BEACH FL

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY - ST - ZIP

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY - ST - ZIP

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY - ST - ZIP

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY - ST - ZIP

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 supplemented annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am a director or officer 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 of this report, or as an attachment with an addendum.

SIGNATURE:

(Signature and typed name of signing officer or director)

DATE

(407) 848-1349

System Design #

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