FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # ~~[illegible]~~ 147L25471

1. Corporation Name

PM DIVISION INC

Principal Place of Business
49 NE 22 ST
Miami Fl 33137

Mailing Address
113 NE 22 ST
Miami, Flo 33137

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City
23

Zip 24 | County 25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip 29 | County 30

3. Date Incorporated or Qualified: 1989

4. FEI Number: 65-0180737 ☐ 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 owes or has paid the current year intangible Personal Property Tax due June 30 ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

Kolb, Peter
49 NE 22 St
Miami, Flo 33137

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 Section 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 and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] (REQUIRED) (Registered Agent Signature required when reinstating) DATE

12. OFFICER AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	☐ DELETE	11 TITLE	☐ Change ☐ Addition
	P Kolb Peter 49 NE 22 St Miami Flo	12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	
	☐ DELETE	21 TITLE	☐ Change ☐ Addition
	VP KOLB PETER S/ABOVE	22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	
	☐ DELETE	31 TITLE	☐ Change ☐ Addition
		32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	
	☐ DELETE	41 TITLE	☐ Change ☐ Addition
		42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	
	☐ DELETE	51 TITLE	☐ Change ☐ Addition
		52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	
	☐ DELETE	61 TITLE	☐ Change ☐ Addition
		62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	900002541225 -05/29/98--01095--046 ***150.00

CR2E034 (10/97)

14. I am aware that the information provided with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 13 above with an address.

SIGNATURE: [signature] Peter Kolb 305-573-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number