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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(3)

PMI, INC.

Principal Place of Business

Mailing Address

3611 N W 74TH ST MIAMI FL 33147

3611 N W 74TH ST MIAMI FL 33147



					3. Date Incorporated or Qualified 07/21/1964		of Last Re 2/06/19	
2. Principal Pla	and of Displaced	A. Maihaa Address			4. FEI Number			
1	ace of business	2a. Mailing Address			65-0051196		<u> </u>	Applied For Not Applicable
P.1	t ote				05 005 1180			
Suite Apr. # 2	, etc.	Suite. Apt. #, etc.			5. Certificate of Status Desired			Additional Required
Gity & State 3		City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May E Added to Feet				
11 Zp	Country	Zip	Count	······································	8. This corporation has liability for	intanoible ta		
1	25	29	30	•		. □No		, , , , , , , , , , , , , , , , , , , ,
:1	g. Name and Address of Currer	<u></u>	1921		10. Name and Address of New Registered Agent			
			8	11 Name				
LIFOAND	VED WELLIAM II		 			 		
HEGAMYER, WILLIAM H			8	Street Add	ddress (P.O. Box Number is Not Acceptable)			
	MASHTA DRIVE		83					
KEA BIS	CAYNE FL			·				
			8	I4 City		L-1	85 Zış	Code
			L	_L		<u> </u>	ل_ل_	
 Pursuant to or registers 	orthe provisions of Sections 607.0502 exitagent, or both, in the State of Flori	z and 607.1508, Florida Stati ida. Such channe was author	utes, the above	e named corpo rooration's bo	oration submits this statement for the pu pard of directors. I hereby accept the app	rpose of cha pointment as	anging its r registered	egistered office anent. Lam
familiar Wit	h, and accept the obligations of, Sect	tion 607.0505, Florida Statut	es.	прогалогта во	ord or alloctors. Thereby decept the app	MINITION DO	109/3/0100	agont: ram
SIGNATURE								
	Superfuse Aspect Corporate Consolic Consujestore diagen	ta initte itapi okinble (NOTE: Registered A	gent signature requi	ired wher-reinstating)	DATE		
12.	OFFICERS AN	id directors	13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	AS IN 12
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AM: STREET ADDRESS	HEGAMYER,W H 511 N. MASHTA DRIVE	☐ DELETE	1.2 NAM 1.3 STRI	EET ADDRESS		(Change	☐ Addition
AM: STREET ADURESS PTY ST ZIP	HEGAMYER,W H 511 N. MASHTA DRIVE KEY BISCAYNE FL 33149		1.2 NAM 1.3 STRI 1.4 CBY	EET ADDRESS - ST-ZIP				
AM: SERET ADDRESS JON ST. ZEP LITTE	HEGAMYER,W H 511 N. MASHTA DRIVE KEY BISCAYNE FL 33149 VD	☐ DEFEIE	1.2 NAM 1.3 STRI 1.4 C/J Y 2 1 T/J J	EFT ADDRESS -ST-ZIP E			Change	Addition
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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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name and a ratachment with an address. certify that the information indicated on

Kathy Hegamyer

305-696-0830