

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 # 301583 (1)

1. Corporation Name

PMI INTERNATIONAL INC

(18)



Principal Place of Business

3611 NORTHWEST 74 ST
MIAMI FL 33147

Mailing Address

3611 NORTHWEST 74 ST
MIAMI FL 33147

3. Date Incorporated or Qualified 02/04/1966	3a. Date of Last Report 02/06/1995
4. FEI Number 59-1151288	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEGAMYER, WILLIAM H
511 N. MASHTA DRIVE
KEY BISCAYNE FL

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. (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGAMYER, W H	1.2 NAME	
STREET ADDRESS	511 N. MASHTA DRIVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	KEY BISCAYNE FL 33149	1.4 CITY- ST- ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGAMYER, L K	2.2 NAME	
STREET ADDRESS	511 N. MASHTA DRIVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	KEY BISCAYNE FL 33149	2.4 CITY- ST- ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, CHARLES V	3.2 NAME	
STREET ADDRESS	1550 NE 123 ST, N-307	3.3 STREET ADDRESS	
CITY- ST- ZIP	N MIAMI FL 33161	3.4 CITY- ST- ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGAMYER, K L	4.2 NAME	
STREET ADDRESS	261 GREENWOOD DR	4.3 STREET ADDRESS	
CITY- ST- ZIP	KEY BISCAYNE FL 33149	4.4 CITY- ST- ZIP	
TITLE	VD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTY, D C	5.2 NAME	
STREET ADDRESS	7850 SW 67 TERRACE	5.3 STREET ADDRESS	7845 SW 67th Terrace
CITY- ST- ZIP	MIAMI FL 33143	5.4 CITY- ST- ZIP	
TITLE	VD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINCKLEY, H D	6.2 NAME	
STREET ADDRESS	6065 ROLLING RD DR	6.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33156	6.4 CITY- ST- ZIP	

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 119.07(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:

Kathy Hegamy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96

305-696-0830

Date

Daytime Phone #

CR2E034 (12/95)