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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 322002

(7)

P.M.F. INTERNATIONAL CORP.

SIGNATURE:

FILED Apr 13 1998 8:00am Secretary of State

Principal Place 6501 N.W. 36 SUITE 101 MIAMI FL 331	TH STREET	Mailing Addross 6501 N.W. 36TH STREET SUITE 101 MIAMI FL 33166-6961				DO NOT WRITE IN THIS SPACE		
US		US			}	3. Date Incorporated or Qualified 10/16/1967		
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number Applied Fo	or	
21		26				59-2700213 Not Applic		
Suite, Apt. #, etc.		Suite, Apl. #, etc.				5. Certificate of Status Desired See Required		
City & State	3	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23	Country	28	Country	y		Trust Fund Contribution		
24	25	29 3	10			Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curren	l Registered Agent	81	Name		10. Name and Address of New Registered Agent		
	MIS, REUBEN							
	of NW 36th Street Ite 101		82	Street	Addres	iss (P.O. Box Number is Not Acceptable)		
	AMI FL 33166		83	1				
			84	City		85 Zip Code		
	10 2 200			1		oration submits this statement for the purpose of changing its register bard of directors. I hereby accept the appointment as register		
12. TITLE NAME	Signature, typied or product name of registered age OFFICE RS ANI PD LEWIS, REUBEN		13. 1.1 TITLE 1.2 NAME		e required	d when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change		
STREET ADDRESS CITY-ST-ZIP	6501 N.W. 36TH ST #101 Miami fl		1.3 STREE	T ADDRESS	1			
TITLE	D	☐ DELETE	2.1 TITLE	01-211	 	☐ Change ☐ Ad	ddition	
NAME STREET ADDRESS CITY-ST-ZIP	LEWIS,LILLY 2325 BISCAYNE BAY DR MIAMI FL		2.2 NAME 2.3 STREE 2.4 CITY-	f Address				
TITLE	STD	DELETE	3.1 TITLE	11-71	†	☐ Change ☐ Ad	ddition	
NAME STREET ADDRESS	LEWIS, JACK A. 10804 RICHMOND PLACE		3.2 NAME	T ADDRESS				
CITY-ST-ZIP	COOPER CITY FL		3.4. CITY-		}			
TITLE		DELETE	4.1 TITLE		1	☐ Change ☐ Ad	ddition	
NAME			4. 2 NAME					
STREET ADDRESS			•	ADDRESS	1			
CiTY-ST-ZIP		Priest	4.4 CITY-1	S1-ZIP	 	Char	dditin-	
TITLE NAME		L_I DELETE	5.1 TITLE 5.2 NAME			☐ Change ☐ Ad	יטוווטני	
STREET ADDRESS				I ADDRESS	}			
CITY-ST-2IP			5.4 City-:					
TITLE				6.1 TITLE		☐ Change ☐ Ad	ddition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	ADDRESS	1			
CITY-ST-ZIP			6.4 CITY - 1					
14. Thereby of indicated officer or of Block 12 of the second of the sec	ertify that the information supplied w on this annual report or supplementa director of the corporation or the rece or Block 13 if changed, or on an attac	th this filing tines not qualify for I annual report is true and accur liver or trustes empowered to ex chment with an tiddress.	the exemp rate and the recute this	otion stat at my sig report a	ed in Se gnature s requir	isection 119.07(3)(i), Florida Statutes. I further certify that the informa e shall have the same legal offect as if made under oath; that I am a red by Chapter 607, Florida Statutes; and that my name appears in	ation an 1	