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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 448463

1. Corporation Name

P. M. S. INVESTMENT CORP.

									 	
Principal Place of Business			Ma	Mailing Address						
5831 PONCE DE LEON BLVD.			***	5831 PONCE DE LEON BLVD.						
CORAL GABLES FL 33146			COF	CORAL GABLES FL 33146			DO NOT WRITE IN THIS SE	PACE		
							3. Date Incorporated or Qualifed		}	
							04/25/1974			
2. Principal Place of Business			29	2a. Mailing Address			4. FEI Number	App	lied For	
-				26			59-1625027		Applicable	
21 Suite, Apt. #, etc.				Suite, Apt. #, etc.				\$8.75 Ad		
22			27	–			5. Certifcate of Status Desired	Fee Req		
City & State			21	City & State			6. Election Campaign Financing	_\$5.00, k	 Лаv.Ве	
23	خسنجيست	حصدي	28	والمستناء			Trust Fund Contribution	Added to		-
Zip	<u>, , , , , , , , , , , , , , , , , , , </u>	Country		Zip	Count	у	8. This corporation owes the current year Intang	gible]
24	[25	29	· [3	10				□No	
			of Current Regist	tered Agent	<u> </u>		10. Name and Address of New Registered Ag	jent		
					8	1 Name				
BLAY	y, anthon	IA 1			8	2 Stroot Addre	ess (P.O. Box Number is Not Acceptable)			ł
7600 RED ROAD #201					ľ	2 Street Addit	ass (1.0. box Humber to Hot / Coopidate)	•		
SO. MIAMI FL 33143					8	3				
					_	4 6:4		85 Zip C	ode	ł
					8		ትሬ	1 1		
11: Pürsuant	to the provis	ions of Sections	607.0502 and 60	07.1508, Florida Statutes	the abo	ve-named corpo	oration submits this statement for the purpose of ch	anging its r	egistered]
office or r	acietared an	ant or both in t	he State of Florid	a. Such change was aut Section 607.0505, Florid	nonzea a	v tne corporatio	on's board of directors. Thereby accept the appointment	nent as reg	ISIOFOG =====	_
ayent. rai	III IOIIIIIOI WI	in, and accept i	no obligations of,	555551 557155551 1 1611						
		•						-		ı
SIGNATURE	Signature, typed	or printed name of re	gistered agent and title if	f applicable. (NOTE: f	Registered Ag	ent signature required				6
SIGNATURE	Signature, typed		gistered agent and title if		Registered Ag	ent signature required	ADDITIONS/CHANGES TO OFFICERS AND			00,
	Signature, typed					`	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12	(44,00)
12.	P		CERS AND DIRE	CTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND			(44,600)
12. πτε	P BELLO, F	OFFI	CERS AND DIRE	CTORS	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND			1007 (44 100)
12. ΠΤΙΕ NAME	P BELLO, F 1247 VIA	OFFIC ROBERT PAUL	CERS AND DIRE	CTORS	1.1 TITLE	ET ADORESS	ADDITIONS/CHANGES TO OFFICERS AND	☐ Change	☐ Addition	DOFF004 (44 100)
12. TITLE NAME STREET ADDRESS	P BELLO, F 1247 VIA	OFFIC ROBERT PAUL MIL CUMBRE	CERS AND DIRE	CTORS	1.1 TITLE 1.2 NAM 1.3 STRE	ET ADORESS ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND			CD2F034 (44100)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELLO, F 1247 VIA	OFFIC ROBERT PAUL MIL CUMBRE	CERS AND DIRE	CTORS DELETE	1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY	ET ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND	☐ Change	☐ Addition	VD077007 (44,100)
12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P BELLO, F 1247 VIA	OFFIC ROBERT PAUL MIL CUMBRE	CERS AND DIRE	CTORS DELETE	1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM	ET ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND	☐ Change	☐ Addition	000000000000000000000000000000000000000
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P BELLO, F 1247 VIA	OFFIC ROBERT PAUL MIL CUMBRE	CERS AND DIRE	DELETE	1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 STRE 3.2 NAMI	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND	Change . Change	☐ Addition☐ Addition☐	ODDE (44,600)
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	P BELLO, F 1247 VIA	OFFIC ROBERT PAUL MIL CUMBRE	CERS AND DIRE	CTORS DELETE DELETE	1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 STRE 3.2 NAM 3.3 STRE 3.4 CITY	ET ADDRESS ST-ZIP ET ADDRESS -S1-ZIP ET ADDRESS -S1-ZIP	ADDITIONS/CHANGES TO OFFICERS AND	Change Change	Addition Addition	000000000000000000000000000000000000000
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELLO, F 1247 VIA	OFFIC ROBERT PAUL MIL CUMBRE	CERS AND DIRE	CTORS DELETE DELETE	1.1 TITLE 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 STRILE 3.2 NAM 3.3 STRE 4.1 TITLE 4.2 NAM	ET ADDRESS ST-ZIP ET ADDRESS -S1-ZIP ET ADDRESS -S1-ZIP E ET ADDRESS -ST-ZIP E SET ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND	Change Change	Addition Addition	ODDE004 (44,00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P BELLO, F 1247 VIA	OFFIC ROBERT PAUL MIL CUMBRE	CERS AND DIRE	DELETE DELETE	1.1 TITLE 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E SET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition	ODDE024 (44,00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELLO, F 1247 VIA	OFFIC ROBERT PAUL MIL CUMBRE	CERS AND DIRE	DELETE DELETE	1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E SET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition	VD20004 (44,00)

CITY-ST-ZIP 14. I hereby certify that the information supplied 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 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90217 002 ***150.00

Change