

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 JUN 27 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 526170

(6)

1. Corporation Name

PAMA INVESTMENT CORP.

Principal Place of Business

Mailing Address

1036 SW FIRST ST
MIAMI FL 33130

1036 SW 1 ST
MIAMI FL 33130
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/18/1977

3a. Date of Last Report

05/01/1994

4. FEI Number

59-5871311

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1036 S.W. 1 ST.

26

Suite, Apt. #, etc.

City & State

23 MIAMI FLORIDA.

27

City & State

Zip

24 33130

Country

25 US.

28

City & State

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FL. ANNUAL REPORT
CANERA ASSOC INC.
1036 SW 1 ST
MIAMI FL 33130

81 Name

FLORIDA ANNUAL REPORT SERVICES INC.

82 Street Address (P.O. Box Number is Not Acceptable)

1036 S.W. 1 ST.

83

84 City

MIAMI

FL

85 Zip Code
33130

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

AMADA C. LOPEZ, PRES

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	VENEREO, MIGUEL	225 E 11TH ST.	HALEAH FL
S	VENEREO, PABLO M	225 E 11TH ST	HALEAH FL
T	VENEREO, ESTELA	225 E. 11TH ST.	HALEAH FL

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
		600001526376	-06/29/95--01008--020
		****225.00	****225.00
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
		600001526376	-06/29/95--01008--021
		*****8.75	*****8.75
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed