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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 28 1997 8:00am Secretary of State

DOCUMENT # F61939 (7) 1- Corporation Name PARMI ENTERPRISES, INC. Principal Place of Business 11520 N.W. 34TH PLACE SUNRISE FL 33323 Mailing Address 11520 N.W. 34TH PLACE SUNRISE FL 33323-1320					
				3. Date incorporated or Qualified 01/28/1982	3a. Date of Last Report 04/11/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apl.	# 640	Suite, Apt #, etc.		59-2286413	Not Applicable \$8.75 Additional
22	. ", «10.	27		5. Certificate of Status Desired	Fee Required
City & Stal	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	T 6	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
24	9. Name and Address of Curre	ent Registered Agent	1301	10. Name and Address of New Re	
100 N BISCAYNE BLVD. MIAMI FL 33132 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statut office or registered agent, or both, in the State of Florida. Such change was a gent. Lam Jamily, with, and accept the obligations of, Section 607.0505, Florida Statut.			83 84 City	poration submits this statement for the	FL 85 Zip Code purpose of changing its registered
	on familia with and accept the oblig			mont a podici di dilocidia, i ilalaby acco	ibr a id abbomiline ir ad rebistored
agent I a SIGNATUE::	Surgare to Surgared name of registered an		Orida Statutes. TE Registered Agent signature requi		DATE
SIGNATUE: 12. THEE NAME STREET ADDRESS	Signature tree and approved name of registered as	gent and title if applicable (NO	TE: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstaling)	DATE
SIGNATUE:: 12. HILL NAME SPREEL ANDRESS CITY-SE-719 TITLE NAME SIREEL ADDRESS	OFFICERS AT WONG, FRANS N 11520 N.W. 34TH PL	gent and tele if applicable (NO ND DIRECTORS	TE Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	uired when reinstaling)	DATE CERS AND DIRECTORS IN 12
SIGNATUFE 12. THUT NAME STREET ADDRESS CITY-ST-7IP THUF NAME	OFFICERS AT DP WONG, FRANS N 11520 N.W. 34TH PL SUNRISE, FL 00000	gord and left if applicable (NO ND DIRECTORS DELETE	TE Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	uired when reinstaling)	DATE CERS AND DIRECTORS IN 12 Change Addition
SIGNATUFE 12. THEF NAME STREET ADDRESS CITY ST-ZIP THEF NAME STREET ADDRESS CITY ST-ZIP EILEF NAME	OFFICERS AT DP WONG, FRANS N 11520 N.W. 34TH PL SUNRISE, FL 00000	gorif and tife if applicable (NO ND DIRECTORS DELETE	TE Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	uired when reinstaling)	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATUE: 12. THUE NAME STREET ADDRESS CITY-ST-ZIP THUE NAME STREET ADDRESS CITY-ST-ZIP HUF NAME STREET ADDRESS CITY-ST-ZIP THUE NAME THUE NAME NAME THUE NAME	OFFICERS AT DP WONG, FRANS N 11520 N.W. 34TH PL SUNRISE, FL 00000	gerif and title if applicable (NO ND DIRECTORS DELETE DELETE	TE Registered Agent signature required in the second signature req	uired when reinstaling)	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition

4. I do heretry certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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 tegal effect as if made under oath, that I am an officer or director of the conforation 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 12 or

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-1997 (954)

(954) 748 + 0673

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