FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR).

SIGNATURE:

STF FL32381F.1

DOCUMENT # F99000000.644 1. Entity Name						FILED	
PAMI-FL 18 INC.						nu JUN -1 PH 3: 10	
DO NOT WRITE IN THIS SPACE						SECTEVARY OF STATE TALLAHASSLE, FLORIDA	
2. Principal P	lace of Business	3. Mailing Address	árdigramik f	- 1747 <u>- 14-174-174</u> 0151-1	M. H.A		
745 Seve		70 Hudson Si					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPA	CE
City & State	e ;	City & State	City & State		\dashv	4. FEI Number	Applied For
New York		Jersey City			:	13-409743	Not Applicable
Zip 10019	Country	Zip 07302	Countr	У		5 Certificate of Status Desired '	3.75 Additional e Required
	DO NOT WRIT	E IN THIS SPACE			7.	Name and Address of Current Registered A	
				Name		TOT WILL CORP. GUERNA	
				Street Add	(ENT	ICE-HALL CORP SYSTEM O. Box Number is Not Acceptable)	
					• • • • • • • • • • • • • • • • • • • •		
			1	1201 F	lavs	Street	
r sinde partition				City	_		Zip Code
8 The above	named entity submits this	e statement for the purpose of obe	naina ita sa	<u> Tallah</u>		e pistered agent, or both, in the State of Florida. I	32301
	t the obligations of registe	ered agent.	رم وأرجه ماكد	e a sale	, . · ·		· [· · · · · · · · · · · · · · · · · ·
and accept SIGNATURE	Signature, typed or printed na	ame of registered agent and title if appl				06/04/0401061001 nt signature required when reinstating)	DATE
and accept	Signature, typed or printed na nuary 1 - May 1 Fee Is \$1 After May 1, Fee is \$550. Amended UBR is \$61.2	ame of registered egent and title if appl					* * ***** * * * * * * * * * * * * * *
and accept SIGNATURE	Signature, typed or printed na nuary 1 - May 1 Fee is \$1 After May 1, Fee is \$550. Amended UBR is \$61.2 Payable to Florida Depa	ame of registered egent and title if appl				nt signature required when reinstating)	\$5.00 May Be Added to Fees
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BARRY J. O'BRIEN
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Date

201-499-6664

Daytime Phone #