

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H81960 (7)**

1. Corporation Name
PEM INVESTMENTS, INC.



Principal Place of Business: **% G.M. SCHWEITZER, 1497 N.W. 7TH ST., MIAMI FL 33125**
Mailing Address: **% G.M. SCHWEITZER, 1497 N.W. 7TH ST., MIAMI FL 33125**

2. Principal Place of Business: 21 Sube, Apt #, etc; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Sube, Apt #, etc; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: **10/18/1985**
3a. Date of Last Report: **02/03/1995**
4. FEI Number: **59-2599344**
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

9. Name and Address of Current Registered Agent

**SCHWEITZER, G.M.
1497 N.W. 7TH ST.
MIAMI FL 33125**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(8), 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.01(2), Florida Statutes.

SIGNATURE

Signature of person or persons authorized to sign

Signature of Registered Agent or other person

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHWEITZER, G.M.	
STREET ADDRESS	1497 N.W. 7TH ST.	
CITY, ST, ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ZIMBLEMAN, ELMER	
STREET ADDRESS	P.O. BOX 970342	
CITY, ST, ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 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)(a), Florida Statutes. I further certify that the information indicated on this statement 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, the registrar or trustee, or person authorized to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or if an addition.

SIGNATURE *G.M. SCHWEITZER*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96 642-7010

CR2E034 (12/95)