FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 19 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L42392** **(5)**

1. Corporation Name

THE PARMENTER COMPANY, NORTH AMERICAN, INC.

Principal Place of Business

TWO ALHAMBRA PLAZA
SUITE 1106
CORAL GABLES FL 33134

Mailing Address

TWO ALHAMBRA PLAZA
SUITE 1106
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 396 ALHAMBRA CIRCLE
Suite, Apt. #, etc.
22 SUITE 602
City & State
23 CORAL GABLES, FL
Zip 24 33134 Country 25 U.S.A.

2a. Mailing Address
26 396 ALHAMBRA CIRCLE
Suite, Apt. #, etc.
27 SUITE 602
City & State
28 CORAL GABLES, FL
Zip 29 33134 Country 30 U.S.A.

4. FEI Number: 65-0171368 — 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

9. Name and Address of Current Registered Agent

PARMENTER, DARRYL
TWO ALHAMBRA PLAZA
STE 1106
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

01 Name: PARMENTER, DARRYL W.
02 Street Address (P.O. Box Number is Not Acceptable): 396 ALHAMBRA CIRCLE
03 SUITE 602
04 City: CORAL GABLES, FL 05 Zip Code: 33134

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 N/A
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	PARMENTER, DARRYL W.
STREET ADDRESS	TWO ALHAMBRA PLAZA, STE 1106
CITY · ST · ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY · ST · ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY · ST · ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY · ST · ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY · ST · ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY · ST · ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTS	☒ Change ☐ Addition
1.2 NAME	PARMENTER, DARRYL W.	
1.3 STREET ADDRESS	396 ALHAMBRA CIRCLE, SUITE 602	
1.4 CITY · ST · ZIP	CORAL GABLES, FL 33134	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY · ST · ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY · ST · ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY · ST · ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY · ST · ZIP		
6.1 TITLE		☐ Change ☐ Addition
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: 4.11.95 (305)448-0448
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #
DARRYL W. PARMENTER

0141074 CP