

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L42392** (5)

1. Corporation Name

THE PARMENTER COMPANY, NORTH AMERICAN, INC.



Principal Place of Business

Mailing Address

**396 ALHAMBRA CIRCLE
SUITE #602
CORAL GABLES FL 33134
US**

**396 ALHAMBRA CIRCLE
SUITE #602
CORAL GABLES FL 33134
US**

3. Date Incorporated or Qualified
01/12/1990

3a. Date of Last Report
04/19/1995

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

2. Principal Place of Business
21 **501 Brickell Key Dr**

2a. Mailing Address
26 **501 Brickell Key Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **509**

27 **509**

23 **Miami FL**

28 **Miami FL**

24 **33131**

25 **USA**

29 **33131**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARMENTER, DARRYL W
396 ALHAMBRA CIRCLE, SUITE 602
SUITE #602
CORAL GABLES FL 33134**

81 Name

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

501 BRICKELL KEY DRIVE

83 **509**

84 City

Miami

85 FL

86 Zip Code **33131**

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PTS**
STREET ADDRESS **PARMENTER, DARRYL W**
CITY-ST-ZIP **396 ALHAMBRA CIRCLE, SUITE #602**
CORAL GABLES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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

Daytime Phone #

3/29/96

CR2E034 (12/95)