

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 14 11 01 AM

DOCUMENT # **M95691** (5)

1. Corporation Name
PIDIMAR CORP

Principal Place of Business Mailing Address
12200 S.W. 24TH TERRACE **12200 S.W. 24TH TERRACE**
MIAMI FL 33175 **MIAMI FL 33175**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/24/1988** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0078822** 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**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, MARIA D.
12200 S.W. 24TH TERRACE
MIAMI FL 33175

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

FL 85 Zip Code

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

Maria D. Martin
Signature (typed or printed name of registered agent and title if applicable)

DATE Registered Agent signature required after re-registration

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
DPT	MARTIN, MARIA D.	12200 S.W. 24TH TERR	MIAMI 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
TITLE	NAME	STREET ADDRESS	CITY ST ZIP

13. ADDITIONAL INFORMATION (Typed or printed name of officer or director if applicable)

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY ST ZIP
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY ST ZIP
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY ST ZIP
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY ST ZIP
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY ST ZIP
61 TITLE	62 NAME	63 STREET ADDRESS	64 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 110.07(3)(a), 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:

Maria D. Martin **M.A.D. MARTIN**

6/8/95 (305) 552-0213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature Name)

CR2E034 (3/95)