## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jul 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000027092 (4)

P.F.M. INTERNATIONAL CORP.

Principal Place of Business Mailing Address 201 SOUTH BISCAYNE BLVD. 201 SOUTH BISCAYNE BLVD. MIAMI CENTER, SUITE 1870 MIAMI CENTER, SUITE 1970 MIAMI FL 33131-4332 MIAMI FL 33131 3. Date Incorporated or Qualified 3a. Date of Last Report 04/12/1993 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0404838 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Zip Country 8. This corporation has liability for intangible tax under s. 199.032. Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PERETZ, STEVEN I 201 SOUTH BISCAYNE BLVD. Street Address (P.O. Box Number is Not Acceptable) MIAMI CENTER, SUITE 1970 83 MIAMI FL 33131 84 City Zip Code 0.02 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered fate of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered bligations of, Section 607.6505, Florida Statutes. 11. Pursuant to the provisions of eachons 607 office or registered agent or both, in the 9 agent. I am familiar with and accept the o *4~30-*97 SIGNATURE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change DELETE Addition TITLE 1.1 TITLE BASSETT, DAVID NAME 1.2 NAME 498 S.W. 34TH ST. STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 1.4 CHY-SI-ZIP DELETE 21 TITLE ☐ Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 31 THLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZiP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME

14. I do hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 manged, or on an attachment with application.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP