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 27 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000045188 (8)**

1. Corporation Name
PMS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~345 ALMERIA AVENUE~~ ~~CORAL GABLES FL 33134~~	P.O. BOX 143746 CORAL GABLES FL 33114-3746 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/25/1993
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business — 21: 4680 S.W. 64th Ave.
Suite, Apt. #, etc. — 22:
City & State — 23: Davie Florida
Zip — 24: 33314 — County — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: — County — 30:

4. FEI Number: ~~APPLIED FOR~~ ~~65-042 4613~~ ☐ 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

THE LAW FIRM OF LAWRENCE J. SPIEGEL, CHART
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	KERMIS, HAROLD G	12 NAME	
STREET ADDRESS	345 ALMERIA AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	CHONG-YOU, OVRIL T	22 NAME	
STREET ADDRESS	345 ALMERIA AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	24 CITY-ST-ZIP	
TITLE	~~V~~	31 TITLE	☐ Change ☐ Addition
NAME	~~FERNANDEZ-HERMO, CAMILO~~	32 NAME	
STREET ADDRESS	~~345 ALMERIA AVENUE~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~CORAL GABLES FL 33134~~	34 CITY-ST-ZIP	
TITLE	~~CT~~	41 TITLE	☐ Change ☐ Addition
NAME	~~TAULE, GEORGE~~	42 NAME	
STREET ADDRESS	~~345 ALMERIA AVENUE~~	43 STREET ADDRESS	
CITY-ST-ZIP	~~CORAL GABLES FL 33134~~	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	UTRERA, NATALIA	52 NAME	
STREET ADDRESS	345 ALMERIA AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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 changed, or on an attachment with an address.

SIGNATURE: Harold Kermis — Harold Kermis — (305) 227-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0200700 CP