

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 # P93000045188

1. Corporation Name

PMS Enterprises, Inc.

Principal Place of Business

**4680 Southwest 64 Avenue
Davie, Florida 33314**

Mailing Address

**P.O. Box 143746
Coral Gables, Florida
33114-3746**

3. Date Incorporated or Qualified

6/25/93

3a. Date of Last Report

4/27/95

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number

65-0424623

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

10. Name and Address of New Registered Agent

**AmeriLawyer Chartered
343 Almeria Avenue
Coral Gables, Florida 33134**

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

By:

AmeriLawyer Chartered

President

4-29-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **President** ☒ DELETE
NAME **Harold G. Kermis**
STREET ADDRESS **345 Almeria Avenue**
CITY- ST- ZIP **Coral Gables, Florida 33134**

TITLE **Vice President** ☐ DELETE
NAME **Ovril T. Chong-You**
STREET ADDRESS **345 Almeria Avenue**
CITY- ST- ZIP **Coral Gables, Florida 33134**

TITLE **Secretary** ☐ DELETE
NAME **Natalia Utrera**
STREET ADDRESS **345 Almeria Avenue**
CITY- ST- ZIP **Coral Gables, Florida 33134**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Arthur Dupree**
1.3 STREET ADDRESS **345 Almeria Avenue**
1.4 CITY- ST- ZIP **Coral Gables, Florida 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 **Comptroller**
4.3 STREET ADDRESS **Anthony Blanco**
4.4 CITY- ST- ZIP **345 Almeria Avenue**
Coral Gables, Florida 33134

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:

Arthur Dupree, President 4/29/96 (305)327-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone

CR2E034 (12/95)