

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 # P93000053697 (7)

1. Corporation Name

P.L.M. INVESTMENTS CORP.



Principal Place of Business

P.O. BOX 651468
MIAMI FL 33265
US

Mailing Address

P.O. BOX 651468
MIAMI FL 33265
US

2. Principal Place of Business

21 P.O. BOX 144384
Suite, Apt. #, etc.

22 City & State
23 CORAL GABLES, FL

24 Zip
25 33114

26 Country
27 DADE

2a. Mailing Address

26 P.O. BOX 144384
Suite, Apt. #, etc.

27 City & State
28 CORAL GABLES, FL

29 Zip
30 33114

31 Country
32 DADE

3. Date Incorporated or Qualified

07/30/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0270593

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

FALERO, CELESTE
5701 COLLINS AVE
APT. 914
MIAMI BCH FL 33140

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 *Celeste Falero*

(Signature, typed or printed name of registered agent and the filer's name)

(If filer is not the registered agent, signature required when filing change)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	PSTD FALERO, CELESTE	5701 COLLINS AVE 914	MIAMI BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Celeste Falero*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6 1996

Date

Signature Printed Name

CR2E034 (12/95)