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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000056801 (2)

P.T.M. SERVICE CORP.

Principal Plac	ce of Business	Mailing Address	Mailing Address			T 16811981 SIR IRIBE SIII BRIST HERT BRIST BRIST BRIDT BISE SOLIT BRIDT SIES INES			
13927 S.W. 84TH STREET 13927 S.W. 84TH STREET MIAMI FL 33183 MIAMI FL 33183-4438									
						3. Date incorporated or Qualified 08/09/1993		ate of Last Re /01/1996	port
2. Principal I	Place of Business	2a. Mailing Addr	ess		- 1	4. FEI Number		Ap	plied For
21	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	26				65-0436081			t Applicable
Surte, Apt		Suite, Apt. #,	etc.			5. Certificate of Status Desired		\$8.75 A Fee Re	
City & Sta	ate	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Žφ	Country	Zip		Country		8. This corporation has liability for	iglangible	tax under s.	199.032,
24	25	29	30			Florida Statutes	Yes	□No	
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	glatered	Agent	
BA	RRETO, MAURICIO			81	Name				
13927 S.W. 84TH STREET				82	Street Add	dress (P.O. Box Number is Not Acceptal	ole)		
MIAMI FL 33183				L					
				83					
				84	City		FL	85 Zip C	Code
office or	it to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obt	ite of Florida. Such chan	ge was autho	rized by	the corpora	rporation submits this statement for the pation's board of directors. I hereby acce	ourpose o	d changing its pointment as r	s registered registered
SIGNATURE									
12.	Signature, typed or printed name of registered a	agent and title if applicable IND DIRECTORS		slered Apr 13.	ent signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE SERS AND	O DIRECTOR	S IN 12
TITLE	D	DE		1.1 TITLE		ADDITIONS/OFFIANCES TO OFFIC	JEI IO AIN	Change	☐ Addition
NAME	BARRETO, MAURICIO			1.2 NAME					
STREET ADDRESS	AAAAA AAAA AATAA AATAA		4		ADDRESS				
City-SI-ZiP	MIAMI FL 33183			1.4 CITY - S					
TILE	D	DE	☐ DELETE 2.1 T			:		Change	Addition
NAMÉ	MARAVI, TERESA] :	2.2 NAME)	# .			
STREET ADDRESS	13927 S.W. 84TH STREET			2.3 STREET	ADDRESS				
CITY - \$1 - ZIP	MIAMI FL 33183		1	2 4 CITY-	ST-ZIP				
TITLE	D	☐ DE	LETE :	3 1 TITLE				Change	Addition
NAME	FLORES, PATRICIA		1 :	3 2 NAME	1				
STREET ADDRESS	13927 S.W. 84TH STREET			3.3 STREET	ADDRESS				
City CT 305	MIAMI EL 33183			טדות ג נ	CT 71D				

14. I do hereby certify that the information supplied with this 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 chiefwired or on an attendament with an address.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

53 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CiTY-ST-ZIP

4.4 CITY - ST - ZIP

SIGNATURE:

TITLE

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY ST-7P

CITY-ST-ZIP

Y- BOTTEN AND DESCRIPTION OF THE OR DIRECTOR

DELETE

DELETE

DELETE

04-15-97 (305)661-740

Change

Change

Change

☐ Addition

☐ Addition

Addition

FILED

May 05 1997 8:00am

Secretary of State