


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

**FILED**  
**Jun 04, 1999 8:00 am**  
**Secretary of State**

06-04-1999 90009 040 \*\*\*550.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000070961					
1. Corporation Name <b>PERMA VENTURES, INC</b>					
Principal Place of Business		Mailing Address <b>443 N. Main St #10 Hendersonville, NC 28792</b>			
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21		26		65-0443886	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip		Country	
24		29		30	
Country		Country		Country	
25		30		30	
9. Name and Address of Current Registered Agent					
CAMPANO, GASTON JR.					
10. Name and Address of New Registered Agent					
81 Name					
Campano, Gaston JR					
82 Street Address (P.O. Box Number is Not Acceptable)					
13150 SW 130 Terr					
83					
SUITE #3					
84 City					
Miami					
85 Zip Code					
FL 33186					
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					
(NOTE: Registered Agent signature required when reinstating)					
DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE					
PD					
1.2 NAME					
Campano, Gaston JR					
1.3 STREET ADDRESS					
224 Thompson St #194					
1.4 CITY-ST-ZIP					
Hendersonville, NC 28792					
2.1 TITLE					
TD					
2.2 NAME					
Campano, Lisa A					
2.3 STREET ADDRESS					
224 Thompson St #194					
2.4 CITY-ST-ZIP					
Hendersonville, NC 28792					
3.1 TITLE					
VP					
3.2 NAME					
Hernandez, Edmundo					
3.3 STREET ADDRESS					
2 Windrush Lane					
3.4 CITY-ST-ZIP					
Flat Rock, NC 28731					
4.1 TITLE					
VS					
4.2 NAME					
Garcia-Hernandez, Lori					
4.3 STREET ADDRESS					
2 Windrush Lane					
4.4 CITY-ST-ZIP					
Flat Rock, NC 28731					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/99

Date

(828)  
698-3923

Daytime Phone #