

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED  
1995 MAY - 1 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000075121 (2)**

1. Corporation Name  
**PMDM HOLDING, INC.**

Principal Place of Business Mailing Address  
**18581 NW 27TH AVE MIAMI FL 33056**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/29/1993** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address

21 State, Apt. #, etc. 26 State, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **65-0448353** 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

10. Name and Address of New Registered Agent

**POWELL, CHARMAINE C  
99 NW 183RD ST, S-136  
MIAMI FL 33160**

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 *Pearline Mollison, President* 5/8/95  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required when resigning.)

12. OFFICERS AND DIRECTORS

TITLE **D**  
NAME **MOLLISON, PEARLINE**  
STREET ADDRESS **18581 NW 27TH AVE**  
CITY - ST - ZIP **MIAMI FL 33056**

TITLE **D**  
NAME **MAHADEO, DONALD C**  
STREET ADDRESS **18581 NW 27TH AVE**  
CITY - ST - ZIP **MIAMI FL 33056**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  Change  Addition  
2.2 NAME **1000014510671**  
2.3 STREET ADDRESS **-05/17/95--01046--021**  
2.4 CITY - ST - ZIP **\*\*\*\*\*225.00 \*\*\*\*\*225.00**

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  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

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 *DM*  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP **5-1-95**

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)(b), 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: *PEARLINE MOLLISON* *Pearline Mollison* 5/8/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR