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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 19 1996 8:00 am
Secretary of State

DOCUMENT # P94000007154 (5)

1. Corporation Name

PROTECTIVE MANAGEMENT OF AMERICA, INC.

Principal Place of Business

1000 PONCE DE LEON
SUITE 301
CORAL GABLES FL 33134
US

Mailing Address

P.O. BOX 451551
MIAMI FL 33245
US

2. Principal Place of Business

21 12398 S.W. 82 AVE
Suite, Apt. #, etc.

22 City & State

23 MIAMI, FL.

24 33156 Country 25 DADE

2a. Mailing Address

26 SAME AS ABOVE
Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified 01/20/1994

3a. Date of Last Report 01/30/1995

4. FEI Number 65-0467442

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

MENESES, NELSON V
3248 S.W. 23RD ST
MIAMI FL 33145

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 607.0102 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 607.0105, Florida Statutes.

SIGNATURE

Signature of officer or director or registered agent or other authorized person

Date of Signature (Agent's separate required when appointing)

DATE

12. OFFICERS AND DIRECTORS

11 ☒ DELETE
NAME VELAZQUEZ, REY
STREET ADDRESS 5700 S.W. 97 ST.
CITY-STATE-ZIP MIAMI FL 33156

12 ☐ DELETE
NAME PEREZ, OSCAR A
STREET ADDRESS 1260 S.W. 10 ST.
CITY-STATE-ZIP MIAMI FL 33135

13 ☒ DELETE
NAME GONZALEZ, FRANK
STREET ADDRESS 8550 W. FLAGLER ST.
CITY-STATE-ZIP MIAMI FL 33144

14 ☐ DELETE
NAME MENESES, NELSON V
STREET ADDRESS 3248 S.W. 23RD ST.
CITY-STATE-ZIP MIAMI FL 33145

15 ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

16 ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

17 ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

V
OSCAR A. PEREZ
1260 S.W. 10 ST.
MIAMI, FL. 33135

D-P-S-T
MENESES, Nelson V
3248 S.W. 23 ST.
MIAMI, FL. 33145

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: Oscar A. Perez, OSCAR A. PEREZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-13-96 (305) 378-6933
Date Chapter Phone #

CR2E034 (12/95)