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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000073184 (1)

P.M.E.-PORT, INC.

SIGNATURE:

FILED Apr 09 1998 8:00am Secretary of State

Principal Place of Business					Mailing Address						E LOBILANT II A SATU ACAN ANDIN ARVIN	AGIST COSTS SOI	INE LINES HERE SE	HI 4141 1941
9999 ME 2ND AVENUE SUITE 302 MIAMI SHORES FL 33138 US				ı	9999 NE 2ND AVENUE SUITE 302 MIAMI SHORES FL 33138 US				DO NOT WR 3. Date Incorporated or Qualifie		SPACE			
L	S			r-	14 15 4 1	3					10/06/1994		· · · · · · · · · · · · · · · · · · ·	
21	2. Principal Place of Business				2a. Mailing Address				'	4. FEI Number			pplied For ot Applicable	
Suite, Apt. #, etc.					Suite, Apt. #, etc.					65-0580241			Additional	
22				27	27				1	6. Certificate of Status Desired			equired	
City & State					City & State						6. Election Campaign Financing			May Be
Zip Country				28						Trust Fund Contribution			to Fees	
24	25			29	¬ ' ⊢			Southly		1	 This corporation owes or has Personal Property Tax due Ju 	•	<u> </u>	tangible] No
[==]		g, Name	and Address of		stered Agent					10	10. Name and Address of New			
	ELY	SEE. PIEF	RE M				1	B1	Name	•				
281 NW 144TH ST								B2	Street	Address	ress (P.O. Box Number is Not Acceptable)			
NORTH MIAMI FL 33168								B3			<u> </u>			
ĺ							ľ	23						
							1	84	City			FI	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the aboffice or registered agent, or both, in the State of Florida, Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida State										corporat oration's	ition submits this statement for the sound of directors. I hereby according to the sound of the statement for the statem	e purpose o cept the ap	of changing i pointment as	ts registered registered
SIG	NATURE	Transmar W	and accopt to	ic ornigations (01, 00001011 00	7.0000, 1101	ida biaia							1
Signature, typed or printed name of registered age								g stered Agent signature require		required wh		DATE		
12.			OFFICE	RS AND DIRE		DE: 515	13.				ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	-	D ELYSEE, PIERRE M			☐ DELETE			1.1 TITLE 1.2 NAME					☐ Change	Addition
CIDE	ET ADDRESS		/ 144TH ST						ADDRESS					
	-ST-ZIP		MIAMI FL 3316	38			1.4 CIT							
TITLE		D				DELETE	2.1 TITL						Change	Addition
NAMI	E		, JEANNE				2.2 NAN	Æ						
STRE	ET ADDRESS		144TH ST	_			2.3 STR	EET A	ADDRESS					i
	-ST-ZIP	NORTH	MIAMI FL 3316	38		DEL EXE	2. 4 CIT		r•zip		· · · · · · · · · · · · · · · · · · ·		1 0	14400
TITLE						DELETE	3.1 TITL						Change	☐ Addition
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NAME	ET ADDRESS								ADDRESS					
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TITLE						DELETE	6.1 TITE	_	£11				☐ Change	Addition
NAMI							6.2 NAN	Æ					_	
é TOC	ET ADDRESS						6.3 STR	EET A	ADDRESS					

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 far flural 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 receive 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 attacking in with an address.