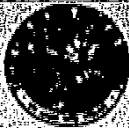


PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Gordon B. McArthur
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 AM 4:14

DOCUMENT # P94000075424 (9)

1. Corporation Name
PERMA CORP.

Principal Place of Business

3095 S. FEDERAL HIGHWAY
DELRAY BEACH FL 33483

Mailing Address

3095 S. FEDERAL HIGHWAY
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/13/1984

3a. Date of Last Report

2. Principal Place of Business

21 3095 S. FEDERAL Hwy
Suite, Apt. #, etc.

22 BAY 6

City & State

23 DELRAY BEACH, FL

24 33483

2a. Mailing Address

26 3095 S. FEDERAL Hwy
Suite, Apt. #, etc.

27 BAY 6

City & State

28 DELRAY BEACH, FL

29 33483

30 PALM BEACH

4. FEI Number

65-0526814

☒ 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

9. This corporation has liability for intangible tax under s. 199 (32) Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FILINGS INC.
3732 N.W. 16TH ST.
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name **FILINGS INC.**
82 Street Address (P.O. Box Number is Not Acceptable)
3732 N.W. 16TH STREET
83
84 City **FT. LAUDERDALE, FL** 85 Zip Code **33311**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **NGUYEN, THU T**
STREET ADDRESS **3095 S. FEDERAL HIGHWAY**
CITY - ST - ZIP **DELRAY BEACH FL 33483**

TITLE **D**
NAME **NGUYEN, TUYET**
STREET ADDRESS **3095 S. FEDERAL HIGHWAY**
CITY - ST - ZIP **DELRAY BEACH FL 33483**

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
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

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
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 110.07(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:

THU T NGUYEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/21/95 2653491

Daytime Phone #