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

CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # P9500005136 (3) 1. Corporation Name PERMABOX INTERNATIONAL, INC.									
Principal Place of Business 219 S.W. 21ST TERRACE FORT LAUDERDALE FL 33312		Mailing Address 219 S.W. 21ST TERRA	Mailing Address 219 S.W. 21ST TERRACE FORT LAUDERDALE FL 33312						
TONT ENOUGH	TURLE TE SWIE	TOTT ENDERFUNCE				3. Date Incorporated or Qualified 01/20/1995	3a. Date of L		
2. Frincipal Pla	ce of Business	2a. Mailing Address				4. FEI Number 65 - 055 7440		Applied For Not Applicable	
Suite, Apt. #	, etc.	26 Suite, Apt. #, etc.					\$	B.75 Additional	
22		27]			5. Certificate of Status Desired	П	Fee Required	
Crty & State		City & State)			6. Election Campaign Financing		5.00 May Be	
23				 try		Trust Fund Contribution 8. This corporation has liability for		Added to Fees der s. 199 032.	
24	25	29	30			Florida Statutes X Yes	i ∏No		
	9. Name and Address of Cui	rrent Registered Agent		31 Name		10. Name and Address of New I	Registered Ager	nt	
STRACHER, LES 6363 N.W. 6TH WAY SUITE 420 FORT LAUDERDALE FL 33309 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, t				33 34 City		is (P.O. Box Number is Not Acceptate	FL 8		
or registere familiar with SIGNATURE	ed agent, or both, in the State of Fin, and accept the obligations of, Signature typed or protections of registered a	lorida Such change was authorizection 607,0505, Florida Statute:	zed by the co	orporation's	board	of directors, I hereby accept the app	pointment as regis	stered agent. I am	
12.	OFFICERS AND DIRECTORS DELETE			1. 1 TITLE		ADDITIONS/CHANGES TO OFF	Cr		
NAME	BRIA, JOHN P		1.2 NA	1.2 NAME			,		
STREET ADDRESS			1.3 STREET ADDRESS						
C11 Y - S1 - 7/P	FORT LAUDERDALE FL 33312			1.4 C(TY - ST - 2)F			NOTI C	nange Addition	
TITLE NAME	BRIA, GEORGIANN	DELETE		2 1 THILE 2 2 NAME			X Cr	larige [] Addition	
STREET ADDRESS	ALC CALL CACT TERRACE			2 3 STREET ADDRESS					
CITY - S1 - ZIP	FORT LAUDERDALE FL 3	3312	2 4 CIT	r-ST-ZIP					
TITLE	☐ DELETE		3 1 11	3 1 TIFLE			□ cr	nange [] Addition	
NAME			3 2 NA		j				
STREET ADDRESS			9	REET ADORESS Y-ST-ZIF					
CITY+ST-ZIP THTLF		DELETE	4.1 (1)		 		☐ CI	nange	
NAMC			4.2 NA	Æ					
STEEL ADDRESS			4.3 STF	EFT ADDRESS					
CITY - ST - ZIP			4.4 CIT	r-ST-71P		AL AL MINISTER VANCO COM DE VINCE DE LA COMPANSIONE DEL COMPANSIONE DE LA COMPANSION			
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NAME			5 2 NAI						
STREET ADDRESS				EET ADDRESS					
TITLE		☐ DELETE	5 1 Til	Y-ST-7/P LE	 		Cr	nange Addition	
NAME			6.2 NA				•		
STREET ADDRESS				EET ADDRESS					
CITY - S1 - 2IF				Y - \$1 - 7IP]				
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I do hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the or constitution 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 changes of or all attractment with an address.

SIGNATURE: __

John P. Bria

4/22/96 954 588-5877

CR2E034 (12/95)