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

**PROFIT CORPORATION** ANNUAL REPORT



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

1996 **DOCUMENT #** 

P95000019365 (2)

PC MA	RT, INC.						
Principal Place	of Business	Maling Address				ian motar motos atoro parem	41140 D1184 D111 (D01
15612 S.W. 55TH TERRACE MIAMI FL 33185		15612 S.W. 55TH TER MIAMI FL 33185	15612 S.W. 55TH TERRACE MIAMI FL 33185				
					3. Date Incorporated or Qualified 03/09/1995	3a. Date of Last	Report
Principal Place of Business     The Principal Place of Business		2a. Mailing Address 26	. Mailing Address		4. FEI Number 65-05718	818 Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired	1 1 7	75 Additional se Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip <b>24</b> ]	Country 25	Zip Country 30			This corporation has liability for intangible tax under s 199.032, Florida Statutes		
	9. Name and Address of Curre	nt Registered Agent	.   81	Name	10. Name and Address of New	Registered Agent	
DE VERA	A, JESUS R						
	.W. 55TH TERRACE		82 Street Addr		ess (P.O. Box Number is Not Acceptable)		
MIAMI F	L 33185		83		**************************************		
			84	City	<del></del>	FL 85	Zıp Code
11. Pursuant to	the provisions of Sections 607.050	2 and 607.1508 Florida Statul	tes, the above-	l named corpor	ation submits this statement for the p	urpose of changing it	s registered office
or registere familiar witt	ed agent, or both, in the State of Flori h, and accept the obligations of, Sec	idu. Such change was authora Iion 007 0505, Flonda Statute:	zed by the corps.	ioration's bloar	d of directors. Thereby accept the ap	pointment as régister	red agent. I am
SIGNATURE							
12.	Signature, typed or protect here, of registered ages Of LICCOS, AN	Caracter Carperaries (NO ID-DIRECTORS	Offic Regelerating	disgnative require	diviner renstating) ADDITIONS/CHANGES TO OF	DATE LICE DO AND DIGEO	T(100 IK) +6
117.E	PTD	DELETE	1 1 ÎTLE	I	ADDITIONS/CHANGES TO OF		ge Addition
NAME	DE VERA, JESUS R		1.2 NAME				
STREET ADDRESS	15612 S.W. 55TH TERRACE		1 3 STREET ADDRESS				
C(TY - ST - Z(P	MIAMI FL 33185		14 CITY-SI-ZIP				
TITLE	VSD	☐ DELETE	2 1 TOTLE			☐ Chang	ge 🔲 Addition
NAME	TELLERIA, FRANCIA		22 NAME				
STREET ADDRESS	15612 S.W. 55TH TERRACE MIAMI FL 33185		2.3 STREET ADDRESS				
CHY ST-709 THEE	MIAMI PL 33163	☐ DELFTE	2.4 CITY - \$1 - ZIP 3.1 TITLE			Chang	ge 🔲 Addition
NAME			3.2 NAME				k. Hoodon
	STREET ADDRESS		33 STREET ADDRESS 34 CITY ST- ZIP				
City-St-ZiP							
TITLE	☐ DELETE		4 1 THLE			☐ Chang	ge 🔲 Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREE	LADDRESS			
CITY-ST-ZIP		FRANCE	4 4 EHY -	ST-ZIP			Park A Live
TITLE	DEFELE		5 1 THE			☐ Chang	ge 🔲 Addition
NAME CERTIFICATION			5.2 NAME	1.1500500			
STREET ADDRESS CITY-ST-ZIP			5.4 GITY -	1 ADDRESS			
TITLE		☐ DELETE		21 - 21	Change Addition		ge 🔲 Addition
NAME			6.2 NAME	İ			
STREET ADDRESS				1 ADDRESS			
CrT y - ST - ZIP			6.4 CITY -	ST ZIP			
certify that	the information indicated on this and	iual report or supplemental ani Bration or the receiver or trusti	nual report is <b>t</b> ee empowered	de and accura	or the exemption stated in Section 11 ite and that my signature shall have the sireport as required by Chapter 607,	ne same lega! effect a	as if made under
	159 15 15	UNIGUES	Ι,	$\sim UVVV$	6 2n 91		Sen Carnel

PAESI DENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-94 305 552-5784