

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000021223 (9)**

1. Corporation Name

PARBO (USA), INC.



Principal Place of Business

Mailing Address

**% TUMPSON & CHARCHAT, P.A.
848 BRICKELL AVE., SUITE 400
MIAMI FL 33131**

**% TUMPSON & CHARCHAT, P.A.
848 BRICKELL AVE., SUITE 400
MIAMI FL 33131**

3. Date Incorporated or Qualified

03/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHARCHAT, STEVEN M
TUMPSON & CHARCHAT, P.A.
848 BRICKELL AVE., SUITE 400
MIAMI FL 33131**

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 607.0502 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 of person to be appointed as registered agent in the State of Florida

Signature of Registered Agent (Signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
PAGAN, MILDRED
STREET ADDRESS **% 848 BRICKELL AVE., SUITE 400**
CITY- ST- ZIP **MIAMI FL 33131**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
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CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME **Marmol, Mildred**
13 STREET ADDRESS
14 CITY- ST- ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

71 TITLE
72 NAME
73 STREET ADDRESS
74 CITY- ST- ZIP

81 TITLE
82 NAME
83 STREET ADDRESS
84 CITY- ST- ZIP

91 TITLE
92 NAME
93 STREET ADDRESS
94 CITY- ST- ZIP

101 TITLE
102 NAME
103 STREET ADDRESS
104 CITY- ST- ZIP

111 TITLE
112 NAME
113 STREET ADDRESS
114 CITY- ST- ZIP

121 TITLE
122 NAME
123 STREET ADDRESS
124 CITY- ST- ZIP

131 TITLE
132 NAME
133 STREET ADDRESS
134 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 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: *Mildred Marmol* **MILDRED MARMOL** *Feb 20 96* 305-358-8005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)