

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

PROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Murtham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P95000055682(5)**

1. Corporation Name

**PAMA OF DADE, INC.**



Principal Place of Business

**10450 NW 19 AVE  
MIAMI FL**

Mailing Address

**10450 NW 19 AVE  
MIAMI FL**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 **P.O. BOX 960804**

27 Suite, Apt. #, etc.

28 City & State

29 **Miami, FL**

30 Zip Country

31 **33296-0804 USA**

3. Date Incorporated or Qualified  
**07/18/1995**

3a. Date of Last Report

4. FEI Number  
**65-0600186**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~VEREDAY, XXXXX~~  
**190 NE 190 STREET SUITE 204-  
NORTH MIAMI FL 33179**

81 Name

82 **PATRICK ADELEKE**  
Street Address (P.O. Box Number is Not Acceptable)  
**10450 NW 19th Avenue,**

83

84 City **MIAMI,**

**FL**

85 Zip Code  
**33147**

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

**X P. Adeleke**

**PATRICK ADELEKE,**

**06/24/96**

Signature typed or printed name of registered agent (if not applicable)

(If not applicable, Registered Agent's signature is required when this statement is filed)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD ADELEKE, PATRICK**  
STREET ADDRESS **10450 NW 19 AVE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME **VST ADELEKE, MARYICK**  
STREET ADDRESS **10450 NW 19 AVE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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 **ADELEKE, MARY**  
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 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: **X P. Adeleke**

**Patrick Adeleke, President**

**06/24/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Block

CR2E034 (12/95)