

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000062335 (1)**

1. Corporation Name
P N R ENTERPRISE INCORPORATED



Principal Place of Business
**POST OFFICE BOX 22545
TAMPA FL 33622-2545**

Mailing Address
**POST OFFICE BOX 22545
TAMPA FL 33622-2545**

3. Date Incorporated or Qualified 08/11/1995	3a. Date of Last Report
4. FEI Number 59-3380139	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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Zip	30. Country

9. Name and Address of Current Registered Agent

**RAMENTOL, ALFREDO E
11811 SWEET PEA COURT
TAMPA FL 33635**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State 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 typed or printed name of registered agent and title if applicable

Signature of Registered Agent required when transferring

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1. TITLE	☐ Change ☒ Addition
NAME		12. NAME	PRESIDENT
STREET ADDRESS		13. STREET ADDRESS	ALFREDO E. RAMENTOL
CITY-STATE-ZIP		14. CITY-STATE-ZIP	11811 SWEET PEA COURT
			TAMPA FLA. 33635
TITLE	☐ DELETE	2. TITLE	☐ Change ☒ Addition
NAME		22. NAME	VICE PRESIDENT
STREET ADDRESS		23. STREET ADDRESS	MARGOT RAMENTOL
CITY-STATE-ZIP		24. CITY-STATE-ZIP	11811 SWEET PEA COURT
			TAMPA FLA. 33635
TITLE	☐ DELETE	3. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-STATE-ZIP		34. CITY-STATE-ZIP	
TITLE	☐ DELETE	4. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE	☐ DELETE	5. TITLE	☐ Change ☐ Addition
NAME		52. NAME	200001892472
STREET ADDRESS		53. STREET ADDRESS	-07/12/96--01067--003
CITY-STATE-ZIP		54. CITY-STATE-ZIP	***225.00
TITLE	☐ DELETE	6. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-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:

Alfredo E. Ramentol
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-25-96
4-15-96 **K835-4705**
Date Day-Month-Year

CR2E034 (12/95)