## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P96000087261 (9)

PAMDA LIMITED, INC.

## **FILED** Apr 24 1998 8:00am Secretary of State

, , , , , ,							
Principal Place of Business Mailing Address			~				
290 174TH ST. SUITE 1605 290 174TH ST. SUITE 1605					l i		
MIAMI BEACH FL 33160 MIAMI BEACH FL 33160							
				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
2. Principal P	lace of Business	2a. Mailing Address			10/23/1996 4. FEI Number	Applied For	
21 18146 Collins AVE. 26					1 . <del>[ ]</del>	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					- \$9.75	Additional	
27					I II. Certificate of Statue Degree	Required	
L		City & State	& State		6. Election Campaign Financing \$5.00	May Be	
23 ///am / Ech, /- 1 28		28				to Fees	
Zip			Country	Country  8. This corporation owes or has paid the current year Intangible			
24 331	93,600 25 Dade 29 30		<u> </u>	Personal Property Tax due June 30. Yes No			
<del></del>	9. Name and Address of Currer	it Registered Agent	81	T 51	10. Name and Address of New Registered Agent		
	CHANIC, ROY		81	Name			
290 174TH ST, SUITE 1605			82	82 Street Address (P.O. Box Number is Not Acceptable)			
MIAMI BEACH FL 33160			83				
			63			1	
			84	City	- 85 Ziç	Code	
11. Purement t	to the provisions of Sactions 607.050	12 and 607 1508 Etwide Statutes	the above	e-pamod	FL 90 21	ito rogistared	
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, typod or presed name of registered agent and inc. if applicable (NOTE Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12	
TITLE	P	DELETE	1.1 TITLE		Vice President Change	Addition	
NAME	MECHANIC, PAMELA H		1.2 NAME		Penny B. Kriegel		
STREET ADDRESS			1.3 STREET	ADDRESS	1500 S.W. 52 nd Terr.		
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY - S	S1-ZIP	Plantetion FL 33317		
TITLE		LJ DELETE	2.1 TITLE	ļ	/ Li Change	L Addition	
NAME			2.2 NAME	1			
STREET ADDRESS			2.3 STREET			}	
CITY-ST-ZIP				ST-ZIP	Change	Addition	
TITLE	The state of the s		3.1 TITLE		L Change	L Addition	
NAME Street adoress			3.2 NAME 3.3 STREET	Annorma			
1	1 · · · · · · · · · · · · · · · · · · ·		3.4. CITY - S	j		ļ	
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	4.1 TITLE		Change	Addition	
NAME			4. 2 NAME	]	j stango		
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	· •		Į.	
TITLE		DELETE	5.1 TITLE		Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S	ST - ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	Addition	
NAME			5.2 NAME				
STREET ADORESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-S				
14. I hereby c	erlify that the information supplied w	ith this filing does not qualify for th	ne exemp	tion state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the	e 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 mith an address.