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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S12830**

1. Corporation Name
PERMAGAS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
13395 SW 131 ST MIAMI FL 33186 US	13395 SW 131 ST MIAMI FL 33186 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1990

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	☐ Applied For ☐ Not Applicable
21 13150 SW 130 Terr	26 13150 SW 130 Terr	65-0229325	
Suite, Apt. #, etc. 22 Suite #3	Suite, Apt. #, etc. 27 # 3	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Miami, FL	City & State 28 Miami, FLORIDA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33186 Country 25 USA	Zip 29 33186 Country 30 USA	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAMPANO, LISA A. 16901 SW 76 AVE MIAMI FL 33157	81 Name: Lisa Campano 82 Street Address (P.O. Box Number is Not Acceptable): 13150 SW 130 Terr 83 SUITE #3 84 City: Miami FL 85 Zip Code: 33186

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] LISA A. CAMPANO 5/3/99
Signature typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT ☐ DELETE	1.1 TITLE	DPT ☑ Change ☐ Addition
NAME	CAMPANO, LISA A.	1.2 NAME	Campano, Lisa
STREET ADDRESS	16901 SW 76 AVE	1.3 STREET ADDRESS	224 Thompson ST. #194
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Hendersonville, NC 28792
TITLE	SVPD ☐ DELETE	2.1 TITLE	SVPD ☑ Change ☐ Addition
NAME	GARCIA-HERNANDEZ, LORI	2.2 NAME	Garcia-Hernandez, Lori
STREET ADDRESS	7500 S.W. 165 TERRACE	2.3 STREET ADDRESS	2 windrush Lane
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Flat Rock, NC 28731
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: [signature] Lori Garcia-Hernandez (828)698-3923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/3/99