

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S58679 (9)

1. Corporation Name

PERMA REALTY, INC.



Principal Place of Business

Mailing Address

21757 N.W. 24TH AVE.
MIAMI FL 33142
US

11767 S. DIXIE HWY
SUITE 106
MIAMI FL 33156
US

2. Principal Place of Business

2a. Mailing Address

21 3900 NW 79 AVE.

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 SUITE 504

28 City & State

City & State

29 Zip

23 MIAMI, FL

30 Country

Zip

Country

24 33166

25 USA

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/11/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0268277

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

10. Name and Address of New Registered Agent

CAMPANO, GASTON E.
1226 COLUMBUS BLVD.
CORAL GABLES FL 33134

81 Name CAMPANO, GASTON E.

82 Street Address (P.O. Box Number is Not Acceptable)
16901 S.W. 76 AVE.

83 MIAMI

84 City

FL

85 Zip Code

33157

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 providing information for registration of the corporation)

(Signature of Registered Agent or person providing information for the change)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	CAMPANO, GASTON E.	
STREET ADDRESS	6861 SW 136 ST	
CITY-STATE-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D. V.P.	☒ Change ☒ Addition
12 NAME	CAMPANO, GASTON E.	
13 STREET ADDRESS	16901 S.W. 76 AVE.	
14 CITY-STATE-ZIP	MIAMI FL 33157	
21 TITLE	P.S.T	☐ Change ☒ Addition
22 NAME	CAMPANO, WILLIAM	
23 STREET ADDRESS	7205 MIAMI LAKES DRIVE #B-4	
24 CITY-STATE-ZIP	MIAMI, FL 33014	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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:

GASTON CAMPANO,
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

(305) 592-6869

CR2E034 (12/95)