

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

OF STATE
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S86454** (3)

1. Corporation Name
C.F. PMM, INC.

FILED
95 JUL 10 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

599 LEDINGTON AVE
26TH FLR
NY NY 10043
US

Mailing Address

801 NORTHEAST 187TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/10/1991

3a. Date of Last Report
04/08/1994

4. FEI Number
13-3644137

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

6. This corporation has liability for intangible tax under S. 189.052,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24.

25.

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29.

30.

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 187TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
HOYES, LOU
ONE SOUTHEAST THIRD AVE
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVS
BARR-TITLEY, JOANN
ONE SOUTHEAST THIRD AVE
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VAS
AMKRAUT, JEFFERY
ONE SOUTHEAST THIRD AVE
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TV
CALIA, VITO
850 THIRD AVE
NEW YORK NY

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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
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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jeffery Amkraut
JEFFERY AMKRAUT

5/2/95

212-SS9-4850