

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V26904** (5)

1. Corporation Name

PERMACON, INC.



Principal Place of Business

**2175 N.W. 24TH AVE.
MIAMI FL 33142
US**

Mailing Address

**11767 S. DIXIE HWY.
SUITE 106
MIAMI FL 33156
US**

3. Date Incorporated or Qualified
04/07/1992

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0324724

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 **3900 N.W. 79 AVE.**

26 Suite, Apt. #, etc.

22 **SU64**

27 Suite, Apt. #, etc.

23 **MIAMI FL**

28 City & State

24 **33166**

25 **FL**

29 **33156**

30 **US**

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMPANO, GASTON E.
2175 NW 24TH AVE.
MIAMI FL**

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 re-statuting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PTD**
STREET ADDRESS **CAMPANO, GASTON E.**
CITY- ST- ZIP **16901 S.W. 76TH AVE.
MIAMI FL**

TITLE ☐ DELETE
NAME **VSD**
STREET ADDRESS **CAMPANO, LISA A.**
CITY- ST- ZIP **16901 S.W. 76TH AVE.
MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **D. PRES.**
1.3 STREET ADDRESS **CAMPANO, GASTON**
1.4 CITY- ST- ZIP **16901 S.W. 76TH AVE
MIAMI, FL 33157**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D. T.**
2.3 STREET ADDRESS **CAMPANO, LISA**
2.4 CITY- ST- ZIP **16901 S.W. 76TH AVE
MIAMI FL 33157**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D. V. P**
3.3 STREET ADDRESS **HERNANDEZ, EDUARDO**
3.4 CITY- ST- ZIP **7500 S.W. 145 TERR
MIAMI FL 33157**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **G. D.**
4.3 STREET ADDRESS **GARCIA, HERNANDEZ**
4.4 CITY- ST- ZIP **7500 S.W. 145 TERR
MIAMI, FL 33157**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Phone #

(305) 477-0621

CR2E034 (12/95)