SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **V27613** **(1)**

1. Corporation Name
PME SERVICES, INC.

Principal Place of Business	Mailing Address
801 MADRID ST 108-B CORAL GABLES FL 33134 US	801 MADRID ST 108B CORAL GABLES FL 33134 US

3. Date Incorporated or Qualified: 04/10/1992
3a. Date of Last Report: 04/10/1995

2. Principal Place of Business
21: 694 NORTH DIXIE HWY
22: Suite, Apt. #, etc.
23: City & State: HOLLYWOOD FLORIDA
24: Zip: 33020
25: Country: BROWARD

2a. Mailing Address
26: 694 NORTH DIXIE HWY
27: Suite, Apt. #, etc.
28: City & State: HOLLYWOOD FLORIDA
29: Zip: 33020
30: Country: BROWARD

4. FEI Number: 65-0317807 ☐ 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

9. Name and Address of Current Registered Agent

LEIGHTON, GABRIEL G VERGARA
801 MADRID ST
SUITE 108-B
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: IVAN GABRIEL VERGARA LEIGHTON
82 Street Address (P.O. Box Number is Not Acceptable): 694 NORTH DIXIE HWY
83
84 City: HOLLYWOOD **FL** 85 Zip Code: 33020

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: IVAN G. VERGARA L. V-P — DATE: 5-17-96
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when name is changed.)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VICTORIA, HERIBERTO 801 MADRID ST. #108B CORAL GABLES FL 33134	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEIGHTON, IVAN G VERGARA 801 MADRID ST., #108B CORAL GABLES FL 33134	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRES/SEC AVELINA ARIAS 694 NORTH DIXIE HWY HOLLYWOOD FLORIDA 33020	☒ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V-PRES /TREAS IVAN GABRIEL VERGARA LEIGHTON 694 NORTH DIXIE HWY HOLLYWOOD FLORIDA 33020	☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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

SIGNATURE: IVAN G. VERGARA L. 5-17-96 (954) 925-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #