

(R)

DOCUMENT # F74632

1. Entity Name

PACKING INDUSTRY EQUIPMENT, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 23 AM 11:23

Principal Place of Business

7020 SW 109TH TERRACE
MIAMI FL 33156-3966
US

Mailing Address

7020 SW 109TH TERR
MIAMI FL 33156-3966
US

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2191923

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPCO, INC.
2699 S. BAYSHORE DR. STE. 700A
MIAMI FL 33133

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	C. DE VACA, MARIO	
STREET ADDRESS	33230 NE 39 ST	
CITY-STATE-ZIP	FT LAUDERDALE FL	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	3230 NE 39 STREET	
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	ROARK, RONALD M.	
STREET ADDRESS	9980 CENTRAL PARK BLVD. STE 214	
CITY-STATE-ZIP	BOCA RATON FL	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MONAHAN, RONALD R.	
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	VSD	<input type="checkbox"/> Delete
NAME	THOMAS, NORMAN V	
STREET ADDRESS	20191 E COUNTRY CLUB DR	
CITY-STATE-ZIP	N MIAMI BCH FL	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	7020 SW 109 TERRACE	
STREET ADDRESS	MIAMI FL 33156	
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	300003152983-4	
STREET ADDRESS	-03/01/00--01069--022	
CITY-STATE-ZIP	****158.75 ****158.75	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THOMAS, NORMAN V. VSD

VSD

4 JAN 2000

305-666-5044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #