

**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 # G29657 (5)**  
1. Corporation Name  
**PACIFIC SERVICES & TRADING, INC.**



Principal Place of Business: **PO BOX 165003 MIAMI FL 33116-5003**  
Mailing Address: **PO BOX 165003 MIAMI FL 33116-5003**

3. Date Incorporated or Qualified: **03/02/1983**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2268893**  
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: **21 7400 N.W. 19 ST - BAY D MIAMI, FLORIDA 33126 USA**  
2a. Mailing Address: **26 7400 N.W. 19 ST BAY D MIAMI, FLORIDA 33126 USA**

9. Name and Address of Current Registered Agent:  
**AGUAYO, GUILLERMO  
9427 SW 151ST AVE  
MIAMI FL 33196**

10. Name and Address of New Registered Agent:  
81 Name: \_\_\_\_\_  
82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83 \_\_\_\_\_  
84 City: \_\_\_\_\_  
85 Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FERREROS, CARLOS</b>
STREET ADDRESS	<b>AVDA. INDUSTRIAL 675</b>
CITY-ST-ZIP	<b>LIMA PERU</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>TAGLE, JOSE</b>
STREET ADDRESS	<b>AVDA. INDUSTRIAL 675</b>
CITY-ST-ZIP	<b>LIMA PERU</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ESPINOSA, OSCAR</b>
STREET ADDRESS	<b>AVDA. INDUSTRIAL 675</b>
CITY-ST-ZIP	<b>LIMA PERU</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>AGUAYO, GUILLERMO</b>
STREET ADDRESS	<b>9427 SW 151ST AVE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	<input type="checkbox"/> DELETE
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	_____
1.3 STREET ADDRESS	_____
1.4 CITY-ST-ZIP	_____
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>AUZA, EDUARDO</b>
2.3 STREET ADDRESS	<b>AVDA. INDUSTRIAL 675</b>
2.4 CITY-ST-ZIP	<b>LIMA, PERU</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	_____
3.3 STREET ADDRESS	_____
3.4 CITY-ST-ZIP	_____
4.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>AGUAYO, GUILLERMO</b>
4.3 STREET ADDRESS	<b>11630 S.W. 99 STREET</b>
4.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33176</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	_____
5.3 STREET ADDRESS	_____
5.4 CITY-ST-ZIP	_____
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Guillermo Aguayo, President** 04-16-96 (305) 592 3216  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)