

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: **AGUAYO, GUILLERMO 11630 S.W. 99 STREET MIAMI, FLORIDA 33176**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERREROS, CARLOS	1.2 NAME	[REDACTED]
STREET ADDRESS	AVDA. INDUSTRIAL 675	1.3 STREET ADDRESS	[REDACTED]
CITY-ST-ZIP	LIMA PERU	1.4 CITY-ST-ZIP	[REDACTED]
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAGLE, JOSE	2.2 NAME	AUZA, EDUARDO
STREET ADDRESS	AVDA. INDUSTRIAL 675	2.3 STREET ADDRESS	AVDA. INDUSTRIAL 675
CITY-ST-ZIP	LIMA PERU	2.4 CITY-ST-ZIP	LIMA, PERU
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPINOSA, OSCAR	3.2 NAME	[REDACTED]
STREET ADDRESS	AVDA. INDUSTRIAL 675	3.3 STREET ADDRESS	[REDACTED]
CITY-ST-ZIP	LIMA PERU	3.4 CITY-ST-ZIP	[REDACTED]
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUAYO, GUILLERMO	4.2 NAME	AGUAYO, GUILLERMO
STREET ADDRESS	9427 SW 151ST AVE	4.3 STREET ADDRESS	11630 S.W. 99 STREET
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33176
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	[REDACTED]	5.2 NAME	[REDACTED]
STREET ADDRESS	[REDACTED]	5.3 STREET ADDRESS	[REDACTED]
CITY-ST-ZIP	[REDACTED]	5.4 CITY-ST-ZIP	[REDACTED]
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	[REDACTED]	6.2 NAME	[REDACTED]
STREET ADDRESS	[REDACTED]	6.3 STREET ADDRESS	[REDACTED]
CITY-ST-ZIP	[REDACTED]	6.4 CITY-ST-ZIP	[REDACTED]

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)