

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Mar 17 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: 7400 N.W. 19TH STREET BAY D MIAMI FL 33126 US  
Mailing Address: 7400 N.W. 19TH STREET BAY D MIAMI FL 33126-1206 US

3. Date Incorporated or Qualified: 03/02/1983  
3a. Date of Last Report: 04/22/1996  
4. FEI Number: 59-2268893  
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: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**AGUAYO, GUILLERMO  
11630 S.W. 99TH STREET  
MIAMI FL 33176**

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 officer 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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERREROS, CARLOS</b>	1.2 NAME	
STREET ADDRESS	<b>AVDA. INDUSTRIAL 675</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LIMA PERU</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AUZA, EDUARDO</b>	2.2 NAME	
STREET ADDRESS	<b>AVDA. INDUSTRIAL 675</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LIMA PERU</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ESPINOSA, OSCAR</b>	3.2 NAME	
STREET ADDRESS	<b>AVDA. INDUSTRIAL 675</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LIMA PERU</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AGUAYO, GUILLERMO</b>	4.2 NAME	
STREET ADDRESS	<b>11630 S.W. 99TH STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Sonia E. Aguayo</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>11630 SW 99th Street</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>MIAMI FL 33176</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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. 3/17/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)