

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

K42044

AMENDED PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

Amended AR.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 SEP -9 AM 10:13

DOCUMENT # K42044

1. Corporation Name
 PACIFIC INTERNATIONAL CONSTRUCTION, INC.

Principal Place of Business
 11098 Biscayne Boulevard
 Suite 402
 Miami, FL 33161

Mailing Address
 11098 Biscayne Boulevard
 Suite 402
 Miami, FL 33161

2. Principal Place of Business
 21 Suite, Apt #, etc
 22 City & State
 23 Zip Country

2a. Mailing Address
 26 Suite, Apt #, etc
 27 City & State
 28 Zip Country

3. Date Incorporated or Qualified 10/28/1988
 3a. Date of Last Report 05/01/1995

4. FEI Number 65-0080655
 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

7. This corporation has liability for intangible tax under L. 1987-12 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 BEDZOW, MICHAEL
 20803 Biscayne Boulevard
 Suite 200
 Aventura, FL 33180

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

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 *[Signature]* MICHAEL BEDZOW 8-26-96
 Signature, typed or printed name of registered agent and title of application (NAME Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> DELETE
NAME	SHAPIRO, HOWARD	
STREET ADDRESS	11098 Biscayne Blvd., Suite 402	
CITY-ST-ZIP	Miami, FL 33161	
TITLE	V/S	<input type="checkbox"/> DELETE
NAME	BLANCO, CAMILO	
STREET ADDRESS	11098 Biscayne Blvd., Suite 402	
CITY-ST-ZIP	Miami, FL 33161	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	JANKINS, LARRY	
STREET ADDRESS	11098 Biscayne Blvd., #402	
CITY-ST-ZIP	Miami, FL 33161	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEDZOW, SARA	
STREET ADDRESS	11098 Biscayne Blvd., Suite 402	
CITY-ST-ZIP	Miami, FL 33161	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEDZOW, CHARLES	
STREET ADDRESS	11098 Biscayne Blvd., Suite 402	
CITY-ST-ZIP	Miami, FL 33161	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	500001951075
24 CITY-ST-ZIP	-09/19/96--01010--002
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	*****61.25 *****61.25
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *[Signature]* HOWARD SHAPIRO, President 8-26-98 (305) 891-7987
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12-95)