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Mar 02, 1999 8:00 am Secretary of State

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K42044

1. Corporation Name

Principal Place of Business

PACIFIC INTERNATIONAL CONSTRUCTION, INC.

Till Cipal Flace	of Dusiness	maining i tauroop				l					
11098 BISCAYNE BLVD		11098 BISCAYNE BLVD			-	ļ					
SUITE 402		SUITE 402			İ	DO NOT WRITE IN THIS SPACE					
MIAMI FL 33161		MIAM! FL 33161			ŀ	3. Date Incorporated or Qualifed					
							10/28/1988				
0 0 10		2a. Mailing Address					FEI Number			An	olied For
	ace of Business				1	ļ			F	- ' ' '	Applicable
21		26				 	65-0080655		<u> </u>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1	5.	Certifcate of Status Desired		•	ee Red	dditional
22		27				<u> </u>					<u>-</u>
City & State		City & State				1	Election Campaign Financing	9 🗆			May Be
23		28				}	Trust Fund Contribution	<u> </u>		ded to	ees
Zip Country		Zip Country				1	This corporation owes the cu	irrent year Inta	_		п.
24 25		29					Personal Property Tax.		[_] Ye	5	<u>N</u> o
	9. Name and Address of Current	Registered Agent				10.	Name and Address of New	Registered A	lgent		
REDZOM MICHAEL			81	81 Name							
BEDZOW, MICHAEL			82 Street A		treet Addres	ss (P.	O. Box Number is Not Accep	otable)			
20803 BISCAYNE BLVD						`					
SUITE 200			83	3							
AVENTURA FL 33180			_	٠.,					Toel	Zin C	i
			84	1 0	City		•	FL	85	Zip C	oue
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statut	es, the abov	/e-na	amed corpor	ration	submits this statement for the	ne purpose of o	changi	ng its	registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	f Florida. Such change was a	uthorized by	/ the	corporation'	's bo	ard of directors. I hereby acc	ept the appoin	tment	as reg	jistered
agent. I ai	m familiar with, and accept the obligation	ons of, Section 607.0505, Fig	nga Statutes	5.							
SIGNATURE	Signature, typed or printed name of registered agent	and title if controlle (NOTE	Denistered Are	ent sig	nature required w	when re	einstating)	DATE			
12. OFFICERS AND DIRECTORS				13.			ADDITIONS/CHANGES TO C	FFICERS AN	D DIRI	ECTO	RS IN 12
TITLE	PDT	DELETE	1.1 TITLE						☐ Ch		☐ Addition
			1.2 NAME				•		_	-	
NAME	BEDZOW, CHARLES										
STREET ADDRESS	11098 BISCAYNE BLVD #402		1.3 STREE								
CITY-ST-ZIP	MIAMI FL 33161	C DESCRIPTION	1.4 CITY-S		<u> </u>				∏ Ch	2000	☐ Addition
TITLE	VAS	☐ DELETE	2.1 TITLE				•			iai iye	[_] Addition
NAME	BLANCO, CAMILO		2.2 NAME				•				
STREET ADDRESS	11098 BISCAYNE BLVD #402		2.3 STREE	ET ADI	DRESS						
CITY-ST-ZIP	MIAMI FL 3 <u>31</u> 61		2.4 CITY-	ST-ZI	IP.						
TITLE	VSD	☐ DELETE	3.1 TITLE					. ,	□ CH	lange	Addition
NAME	BEDZOW, SARA		3.2 NAME								
STREET ADDRESS	11098 BISCAYNE BLVD #402		3.3 STREE	ET ADI	DRESS						
CITY-ST-ZIP	MIAMI FL 33161			3.4. CITY-ST-ZIP							
TITLE	100 000 1 000 100	☐ DELETE	4.1 TITLE						☐ Ch	ange	Addition
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREE		npess						
CITY-ST-ZIP	<u> </u>	☐ DELETE	4.4 CITY- S 5.1 TITLE						ПСН	ıange	Addition
TITLE			5.1 IIILE 5.2 NAME							J-	
NAME			- 1		nocee						
STREET ADDRESS			5.3 STREE								
CITY-ST-ZIP			5.4 CITY-S		-	<u> </u>			["] C		
TITLE		☐ DELETE	6.1 TITLE						C) C	idilye	Addition
NAME			6.2 NAME								
STDEET ANNOESS			6.3 STREE	ET ADI	DRESS						

14. 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 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 chapged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CAMILO BLANCO

305-891-7987