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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE



FLORIDA DEPARTMENT OF STATE

FILED

Apr 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K62542

(1)

PACIFIC TRADING CORPORATION

Principal Place of Business		Mailing Address	······································	I 400/18/11/ Und dilijo 1400/ Dilah dibid il	#1 81011 01411 81811 01011 01011 01411 1981
11401 OLD CUTLER ROAD Miami FL 33158 US		P.O. BOX 450833 Miami FL 33245-0833 US			
				3. Date incorporated or Qualified 02/01/1989	3a. Date of Last Report 02/28/1996
- `	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	L a.s.	26		65-0131798	Not Applicable
Suite, Apt /	#, ERG.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	25	[29]	30		Yes No
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
	, MICHELLE		61 Name		
11401 OLD CUTLER ROAD CORAL GABLES FL 33156			82 Street	Address (P.O. Box Number is Not Accepta	ible)
COR	IAL CADLES FL 33130		83		
			84 City		FL 85 Zip Code
11. Pursuant te	o the provisions of Sections 607.0	502 and 607.1508, Florida Stati	utes, the above-named	corporation submits this statement for the	
office or ro agent. Ler	egistered agent, or both, in the Sta n familiar with, and accept the obl	ite of Florida. Such change was ligations of, Section 607,0505. F	s authorized by the corp Florida Statutes.	corporation submits this statement for the poration's board of directors. I hereby acceptable	ppt the appointment as registered
SIGNATURE	,				
SIGINATION	Signature, typical or printed name of registered (agent and little if applicable (NO	OTE: Registered Agent signature	required when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
THILE	D MAGOURI PORFOTO R	DELETE	1.1 TITLE		Change Addition
NAME	Massuh, Roberto R 11401 old Cutler RD.		1.2 NAME		
STREET ADDRESS	CORAL GABLES FL 33156		1.3 STREET ADDRESS		
CITY - ST - ZIP	COUNT ONDIES LE 33130	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
THLE NAME		L. J DELLET	2.1 TILE 2.2 NAME		Change Addition
STREET ADDRESS			2.3 STREET ADDRESS		·
CHTY-SI-ZIP		1	2.4 CITY-ST-ZIP		
Title	THE PERSON NAMED OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAM	DELETE	3 1 TITLE		☐ Change ☐ Addition
NAMÉ		_	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - S1 - 71P			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		İ
CHY-ST-7IP			4.4 CITY-ST-ZIP	1	
TITLE		☐ DELETE	5.1 TITLE	:	Change Addition
NAM[5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		•
CITY-S1-7IP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		ב טנננונ	6.1 TITLE 6.2 NAME		Chemistre Character
NAME STREET ADDRESS			I		
STREET ADDRESS DITY-ST-ZIP		✓	6.3 STREET ADDRESS		
14. I do hereb	y certify that the information suppl	lied with this filing does not au	6.4 CHY-ST-ZIP alify for the exemption st	ated in Section 119.07(3)(i), Florida Statut	es. I further certify that the
information I am an of	n indicated of this annual report of figer or director of the corporation (Block 1) or Block //3 / changer	ir sypplemental annual report is	s true and accurate and wared to execute this r	that my signature shall have the same leg eport as required by Chapter 607, Florida	al effect as if made under cath; that Statutes; and that my name

BOBERTOR. MASSUL MARCH 3