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95 MAY -1 AM 11:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L72297 (9)

**1. Corporation Name
PACIFIC INTERNATIONAL REALTY, INC.**

**600001484086
-05/11/95--01050--002
***5417.50 ***200.00**

DO NOT WRITE IN THIS SPACE

**Principal Place of Business Mailing Address
11098 BISCAYNE BLVD. 11098 BISCAYNE BLVD.
SUITE 401 SUITE 401
MIAMI FL 33161 MIAMI FL 33161**

**3. Date Incorporated or Qualified 05/11/1990 3a. Date of Last Report 05/01/1994
4. FEI Number 65-0194453 Applied For Not Applicable**

**2. Principal Place of Business 2a. Mailing Address
21 Suite Apt. #, etc. 26 Suite, Apt. #, etc.**

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Country 29 Zip Country 30

**5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution**

8. This corporation has liability for intangible tax under S: 199.032, Florida Statutes Yes No

**9. Name and Address of Current Registered Agent
BEDZOW, MICHAEL
20803 BISCAYNE BLVD
SUITE 200
AVENTURA FL 33180**

**10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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, typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BEDZOW, CHARLES
STREET ADDRESS	11098 BISCAYNE BLVD #402
CITY - ST - ZIP	MIAMI FL
TITLE	VSD
NAME	BEDZOW, SALLY
STREET ADDRESS	11098 BISCAYNE BLVD #402
CITY - ST - ZIP	MIAMI FL
TITLE	VSD
NAME	SHAPIRO, HOWARD
STREET ADDRESS	11098 BISCAYNE BLVD #402
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	V/AS/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 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 110.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/95 - 892-2987

Date Time