

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

FILED

Jan 23 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 # L81381 (0)

1. Corporation Name
P.C.S. IMPORT & EXPORT CORP.



Principal Place of Business

245 SE 1 STR
STE 438
MIAMI FL 33131
US

Mailing Address

245 SE 1 STR
STE 438
MIAMI FL 33131-1905
US

3. Date Incorporated or Qualified
06/15/1990

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 20231 N.E. 15ct
Suite, Apt. #, etc:

2a. Mailing Address

26 20231 N.E. 15ct
Suite, Apt. #, etc:

4. FEI Number
65-0201313

Applied For
 Not Applicable

22 City & State

23 N. Miami, FL 33179

27 City & State

28 N. Miami, FL 33179

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

25 33179 U.S.A.

29 Zip

30 33179 U.S.A.

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

9. Name and Address of Current Registered Agent

SILVA, PAULO C.
7928 W. DRIVE #306
NORTH BAY VILLAGE FL 33141

10. Name and Address of New Registered Agent

81 Name SILVA, PAULO C.
82 Street Address (P.O. Box Number is Not Acceptable) 20231 N.E. 15ct
83 N. Miami, FL 33179
84 City N. Miami FL 85 Zip Code 33179

11. Pursuant to the provisions of Sections 607.050 and 607.406, 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 607.050, Florida Statutes.

SIGNATURE

1-14-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	SILVA, PAULO C.	
STREET ADDRESS	245 SE 1 STR, STE 438	
CITY - ST - ZIP	MIAMI FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SILVA, SILVANA C.	
STREET ADDRESS	245 SE 1 STR, STE 438	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SILVA, PAULO C	
1.3 STREET ADDRESS	20231 N.E. 15ct	
1.4 CITY - ST - ZIP	N. Miami, FL 33179	
2.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SILVA, SILVANA C.	
2.3 STREET ADDRESS	20231 N.E. 15ct	
2.4 CITY - ST - ZIP	N. Miami FL 33179	
3.1 TITLE		<input 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 submitted 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97 305-655-0029

Date

Daytime Phone #

CR2E034 (9/96)