

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90070 019 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L81381

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



Principal Place of Business
 20231 NE 15 CT
 NORTH MIAMI FL 33179
 US

Mailing Address
 20231 NE 15 CT
 STE 438
 NORTH MIAMI FL 33179
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **245 SE 1st Street**
 Suite, Apt. #, etc.
 22 **# 438**
 City & State
 23 **MIAMI FL**
 Zip Country
 24 **33131 USA**

2a. Mailing Address
 26 **245 SE 1st Street**
 Suite, Apt. #, etc.
 27 **# 438**
 City & State
 28 **MIAMI FL**
 Zip Country
 29 **33131 USA**

3. Date Incorporated or Qualified
06/15/1990

4. FEI Number
65-0201313

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
SILVA, PAULO C.
 20231 NE 15 CT
 NORTH MIAMI FL 33179

10. Name and Address of New Registered Agent
 81 Name **BERNARD BRYANT**
 82 Street Address (P.O. Box Number is Not Acceptable)
847 N.W. 119 ST #205
 83
 84 City **MIAMI** FL 85 Zip Code **33164**

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 _____ DATE **4/19/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	SILVA, PAULO C.	
STREET ADDRESS	20231 NE 15 CT	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SILVA, SILVANA C.	
STREET ADDRESS	20231 NE 15 CT	
CITY-ST-ZIP	NORTH 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	245 SE 1st Street #438	
1.4 CITY-ST-ZIP	MIAMI FL 33131	
2.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SILVA, SILVANA C.	
2.3 STREET ADDRESS	245 SE 1st Street #438	
2.4 CITY-ST-ZIP	MIAMI FL 33131	
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SILVANA C. SILVA** DATE: **4/19/99** DAYTIME PHONE #: **(305) 539 9690**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)