

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
95 JUL 28 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # P93000002460 (2)**

1. Corporation Name  
**PECOS CORPORATION**

Principal Place of Business      Mailing Address  
**1390 S. DIXIE HIGHWAY SUITE 2115 CORAL GABLES FL 33146**      **1390 S. DIXIE HIGHWAY SUITE 2112 CORAL GABLES FL 33146 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**01/12/1993**      **07/05/1994**

4. FEI Number      Applied For  
**65-0367838**       Not Applicable

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

6. Has the Corporation Paid the Tax?       **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc      Suite, Apt. #, etc

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent  
**PARK LANE ASSOCIATES, INC.  
1390 S. DIXIE HIGHWAY  
#2115  
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City      **FL**      85      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      Corporation      Registered Agent      (DATE)

12. OFFICERS AND DIRECTORS

TITLE      **D**

NAME      **PLETZKE, WILLIAM S**

STREET ADDRESS      **1390 SOUTH DIXIE HIGHWAY, SUITE 2112**

CITY, ST, ZIP      **CORAL GABLES FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.       Change       Addition

1. TITLE

2. NAME

3. STREET ADDRESS      **2880 NW 70th Avenue**

4. CITY, ST, ZIP      **Miami, FL 33122**

5. TITLE       Change       Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE       Change       Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE       Change       Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE       Change       Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not equally for the exemptions stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE *William S. Pletzke*  
CORPORATION      REGISTERED AGENT OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)