

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 APR 19 AM 10:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000001839 (7)

1. Corporation Name

PARSEC INTERNATIONAL HOLDINGS, INC.

Principal Place of Business

Mailing Address

**701 BRICKELL AVENUE
STE. 3000
MIAMI FL 33131**

**701 BRICKELL AVENUE
STE. 3000
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

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

4. FEI Number Applied For Not Applicable

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

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

7. This corporation has liability for intangible tax under S. 199.002, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt. #, etc

26 Suite Apt. #, etc

22 City & State

28 City & State

24 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
1916 HARDEN BLVD.
LAKELAND FL 33803**

81 Name **Alcides J. Avila, Esq.**
82 Street Address (P.O. Box Number is Not Acceptable) **701 Brickell Avenue**
83 **Suite 701**
84 City **Miami** FL 85 Zip Code **33131**

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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature)

(NOTE: Registered Agent signature required when changing)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **STORMAN, DETLEF F**
STREET ADDRESS **701 BRICKELL AVENUE STE. 3000**
CITY ST ZIP **MIAMI FL 33131**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

7.1 TITLE Change Addition
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

8.1 TITLE Change Addition
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

9.1 TITLE Change Addition
9.2 NAME
9.3 STREET ADDRESS
9.4 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: **DETLEF FAULE STORMANN** *(Signature)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04 10 1995