FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jun 20 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 # P93000088280 (1)

1. Corporation Name
PRESSURE 2000, INC.

Principal Place of Business	Mailing Address
518 SEVILLA AVE CORAL GABLES FL 33134 US	P OBOX 140012 MIAMI FL 33114-0012 US

3. Date Incorporated or Qualified: 12/28/1993
3a. Date of Last Report: 04/12/1996

2. Principal Place of Business
21 P.O. BOX 140012
Suite, Apt. #, etc. 22
City & State 23 Miami, Florida
Zip 24 33114-0012 Country 25 DADE

2a. Mailing Address
26 P.O. BOX 140012
Suite, Apt. #, etc. 27
City & State 28 Florida (Miami)
Zip 29 33114-0012 Country 30 DADE

4. FEI Number: 65-0456336 ☐ 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

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

9. Name and Address of Current Registered Agent
SACO, RITA
518 SEVILLA AVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 200002219682
-06/23/97--01075--050
83 ***165.00
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 X Rita Saco 1-13-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE	PTD	☒ Change ☐ Addition
NAME	MUJICA, HUGO		1.2 NAME	MUJICA, HUGO	
STREET ADDRESS	3770 S.W. 27TH STREET		1.3 STREET ADDRESS	P.O. BOX 140012	
CITY-ST-ZIP	MIAMI FL 33134		1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33114-0012	
TITLE	SD	☐ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	SACO, RITA		2.2 NAME	RITA SACO	
STREET ADDRESS	3770 S.W. 27TH STREET		2.3 STREET ADDRESS	P.O. BOX 140012	
CITY-ST-ZIP	MIAMI FL 33134		2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33114-0012	
TITLE		☐ DELETE	3.1 TITLE	PTD	☒ Change ☐ Addition
NAME			3.2 NAME	MUJICA, HUGO	change of add
STREET ADDRESS			3.3 STREET ADDRESS	407 MINORCA AVENUE	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE		☐ DELETE	4.1 TITLE	S.D.	☒ Change ☐ Addition
NAME			4.2 NAME	RITA SACO	change of add
STREET ADDRESS			4.3 STREET ADDRESS	407 MINORCA AVENUE	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE		☐ DELETE	5.1 TITLE	PTD	☒ Change ☐ Addition
NAME			5.2 NAME	MUJICA, HUGO	NEW ADD
STREET ADDRESS			5.3 STREET ADDRESS	1515 PALANCIA AVENUE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	CORAL GABLES, FLA. 33146	
TITLE		☐ DELETE	6.1 TITLE	SD	☒ Change ☐ Addition
NAME			6.2 NAME	SACO, RITA	NEW ADD
STREET ADDRESS			6.3 STREET ADDRESS	1515 PALANCIA AVENUE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	CORAL GABLES, FLA. 33146	

6/20/97

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Rita Saco Re-816 5/1/97 1-13-97 665-9538