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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 594659

1. Corporation Name

PACIFIC INTERNATIONAL ACQUISITIONS, INC.

		Mail: Add.						
Principal Place of Business Mailing Address			TE #400	FF # 400				
11098 BISCAYNE BLVD SUITE #402 11098 BISCAYNE BLVD N MIAMI FL 33161 N MIAMI FL 33161			SUITE #402					
					ļ	DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
					<del></del>	12/11/1978		A
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For
21	H	26 Suite Ant # ota			<del></del> +	<u>59-1879753</u>		Not Applicable  5 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		Required	
City & State		City & State		· ·-··		6. Election Campaign Financing	\$5.0	00 May Be
<b>–</b>		28				Trust Fund Contribution	T	ed to Fees
23 Zip	Country	Zip	Country	<del>,</del>		8. This corporation owes the current	vear Intangible	<u> </u>
24	25		30		1	Personal Property Tax.	∠Yes	□No
<b>:</b> ::L.	9. Name and Address of Curren					10. Name and Address of New Reg	istered Agent	
			81	Name	r			
	ZOW, MICHAEL		82	Street	Addres	s (P.O. Box Number is Not Acceptable	<u> </u>	
20803 BISCAYNE BLVD			"	Cuber	Addies		,	
SUITE 200			83			-		
AVE	NTURA FL 33180		84	City			85 Z	ip Code
						ation submits this statement for the pur	FL.	
agent. I a	egistered agent, or both, in the State in familiar with, and accept the obligation of the state in the state	tions of, Section 607.0505, Florid	da Statutes	š.		s board of directors. I hereby accept the	DATE	
12.		D DIRECTORS	13.	- January		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE		T	<del></del>	☐ Chan-	ge Addition
NAME	BEDZOW, CHARLES		1.2 NAME					
STREET ADDRESS	11098 BISCAYNE BLVD #402		1.3 STREE	TADDRESS	3			
CITY-ST-ZIP	N. MIAMI FL 33161		1.4 CITY-S	T-ZIP	1	_		
TITLE	VSD	☐ DELETE	2.1 TITLE			·	Chan	ige Addition
NAME	BEDZOW, SARA		2.2 NAME			•		
STREET ADDRESS	11098 BISCAYNE BLVD #402		2.3 STREE	TADDRESS	š			
CITY-ST-ZIP	N. MIAMI FL 33161		2. 4 CITY-	ST-ZIP				
TITLE	VAS	☐ DELETE	3.1 TITLE		T		☐ Chan	ige 🗌 Addition
NAME	BLANCO, CAMILO		3.2 NAME					
STREET ADDRESS	11098 BISCAYNE BLVD #402		3.3 STREE	TADDRESS	3			
CITY-ST-ZIP	MIAMI FL 33161		3.4. CITY- 5	ST-ZIP	<u> </u>			
TITLE		☐ DELETE	4.1 TITLE				Chan	ige Addition
NAME			4. 2 NAME		ł			
STREET ADDRESS			43 STREE	TADDRESS	3			
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP	$\bot$			
TITLE		☐ DELETE	5.1 TITLE				Chan	ige Addition
NAME			5.2 NAME					
STREET ADDRESS			1	TADDRESS	<b>'</b> [			
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP	$\bot$			
TITLE		☐ DELETE	6.1 TITLE				☐ Chan	nge
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS	ا ذ			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

305-891-7987 Daytime Phone #

**FILED** 

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90159 001 \*3,908.75