

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 22 AM 9:07

**DOCUMENT # F37892 (9)**

1. Corporation Name  
**PACIFIC AMERICAN INVESTMENTS LTD., INC.**

Principal Place of Business <b>P O BOX 432784 MIAMI FL 33243-9784 US</b>	Mailing Address <b>P O BOX 432784 MIAMI FL 33243-9784 US</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>07/01/1981</b>	3a. Date of Last Report <b>08/11/1994</b>
4. FEI Number <b>59-2105346</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
B. This corporation has liability for intangible tax under s. 199.052, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21 P.O. Box 291298</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 P.O. Box 291298</b> Suite, Apt. #, etc.
22 City & State <b>23 Port Orange Fla.</b> Zip Country	27 City & State <b>28 Port Orange Fla.</b> Zip Country
24 <b>32129</b>	25 <b>Volusia</b>
29 <b>32129</b>	30 <b>Volusia</b>

9. Name and Address of Current Registered Agent <b>WRIGHT, E. M. 5927 SOUTHWEST 70TH STREET MIAMI FL 33143</b>		10. Name and Address of New Registered Agent <b>81 Name E.M. Wright</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 5901 Boggsford</b> <b>83</b> <b>84 City Port Orange, FL 85 Zip Code 32129</b>	
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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: *E.M. Wright* **E.M. Wright** *6/19/95*  
Signature of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE <b>PSD</b>	NAME <b>WRIGHT, E. M.</b>	11 TITLE <b>Pres/Sec/Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5927 SOUTHWEST 70TH STREET</b>	CITY - ST - ZIP <b>MIAMI FL</b>	12 NAME <b>E.M. Wright</b>	
		13 STREET ADDRESS <b>5901 Boggsford</b>	
		14 CITY - ST - ZIP <b>Pt. Orange, Fla 32129</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VPD</b>	NAME <b>DOMINGUEZ, PARTICIA</b>	21 TITLE <b>V.P.?Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5927 SOUTHWEST 70TH STREET</b>	CITY - ST - ZIP <b>MIAMI FL</b>	22 NAME <b>P.D. Dominguez</b>	
		23 STREET ADDRESS <b>5901 Boggford</b>	
		24 CITY - ST - ZIP <b>Pt. Orange, Fla. 32129</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	32 NAME	
		33 STREET ADDRESS	
		34 CITY - ST - ZIP	
TITLE	NAME	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	42 NAME	
		43 STREET ADDRESS	
		44 CITY - ST - ZIP	
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	52 NAME	
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	62 NAME	
		63 STREET ADDRESS	
		64 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)(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 on an attachment with an address.

SIGNATURE: *E.M. Wright* **E.M. Wright, Pres/Sec/Dir.** *6/19/95* **305-38-9557**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)

CR2E034 (3/95)