SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # H93783 (9)INTERNATIONAL PACIFIC INDUSTRIAL CORPORATION, U. S.A., INC. Principal Place of Business Mailing Address 3650 CORAL RIDGE DRIVE 3650 CORAL RIDGE DRIVE STE 103 STE 103 **CORAL SPRINGS FL 33065** CORAL SPRINGS FL 33065 3a. Date of Last Report 3. Date Incorporated or Qualified 01/14/1986 05/01/1995 Applied For 4 FFI Number 2. Principal Place of Business Mailing Address 2a. Not Applicable 59-2630232 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032. Zip Country Zιρ Country Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** SHAFFNER, BRUCE G. Street Address (PO Box Number is Not Acceptable) 82 2395 DAVIE BLVD FORT LAUDERDALE FL 33312 83 Zip Code City 85 84 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent's greature required when remote ng-Signature, typed or pricted name of registered agent and lite if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition <u>ල</u> DELETE 11 Till E TITLE DP CR2E034 ORD, JOHN R. 1.2 NAME NAME 10110 VESTAL CT. 1 3 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 1.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 2 1 TITLE TITLE DS 2.2 NAME ORD, ADONA L. NAME 2.3 STREET ADDRESS 10110 VESTAL CT. STREET ADDRESS **CORAL SPRINGS FL** 2 4 City - St - ZiP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREFT ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREE I ADDRESS STREET ADDRESS 4.4 CITY -ST - ZIP CiTY-ST-ZIP Change DELETE 5.1 TITLE 5 2 NAME NAMÉ 5 3 STREET ADDRESS STREET ADDRESS 5 4 CHY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 HILE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CHTY - 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 119 07(3)(k). Florida Statutes 1 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 arm in office or or preciously the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears is Plack 13 or Right 13 if it should be reported by a addition. CITY - ST - ZIP

attachment with an address

Caytime Phone #

MAME OF SIGNING OFFICER OR DIRECTOR

that my name appears in

SIGNATURE: