

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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90261 014 \*\*\*150.00

0483190

DOCUMENT # J27319

1. Corporation Name

PACIFIC RIM INTERNATIONAL MEDICAL EXPOSITION, IN  
C.



Principal Place of Business

501 NORTH BENEVA ROAD  
616  
SARASOTA FL 34232  
US

Mailing Address

501 N BENEVA ROAD  
UNIT 616  
SARASOTA FL 34232  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1986

4. FEI Number

59-2723613

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MANDELL, BRAD SANFORD  
501 NORTH BENEVA ROAD  
616  
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3354 17th Street

83

84 City Sarasota

FL

85 Zip Code

34232

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-99

12. OFFICERS AND DIRECTORS

TITLE CBD ☐ DELETE  
NAME MANDELL, SAUL  
STREET ADDRESS 501 NORTH BENEVA ROAD, #616  
CITY-ST-ZIP SARASOTA FL

TITLE VD ☐ DELETE  
NAME MANDELL, BRAD  
STREET ADDRESS 501 NORTH BENEVA ROAD, #616  
CITY-ST-ZIP SARASOTA FL

TITLE PD ☐ DELETE  
NAME MANDELL, TODD  
STREET ADDRESS 501 NORTH BENEVA ROAD, #616  
CITY-ST-ZIP SARASOTA FL

TITLE TDS ☐ DELETE  
NAME MANDELL, EVELYN  
STREET ADDRESS 501 NORTH BENEVA ROAD, #616  
CITY-ST-ZIP SARASOTA FL

TITLE SD ☐ DELETE  
NAME HOWARD, WENDY  
STREET ADDRESS 501 NORHT BENEVA ROAD, #616  
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-99

941 366  
2554

CR2E034 (11/98)