2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 27, 2000 8:00 am Secretary of State **DOCUMENT # K50648** PACIFIC INTERNATIONAL MARKETING, INC. 02-27-2000 90072 001 *3,776.25 Principal Place of Business Mailing Address 11098 BISCAYNE BLVD 11098 BISCAYNE BLVD SUITE 402 SUITE 402 NORTH MIAM! FL 33161-7491 NORTH MIAM! FL 33161 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0191729 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BEDZOW, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 20803 BISCAYNE BLVD SUITE 200 AVNETURA FL 33261-9002 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DPT ☐ Change ☐ Addition TITLE ☐ Delete TITLE BEDZOW, CHARLES NAME NAME STREET ADDRESS 11098 BISCAYNE BLVD #402 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N MIAMI FL 33161 ☐ Addition Change DVS TITLE ☐ Delete TITLE NAME BEDZOW, SARA NAME STREET ADDRESS 11098 BISCAYNE BLVD #402 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N MIAMI FL 33161 ★ Change Addition X Delete TITLE TITLE **BLANCO, CAMILO** NAME NAME Dolete STREET ADDRESS 11098 BISCAYNE BLVD #402 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33161 ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Bedzow

305-891-7987

Daytime Phone #

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