

FILE NOW: FILING FEE AFTER MAY 1 IS \$200.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L07400 (9)

1. Corporation Name

PAGALINE INTERNATIONAL CORPORATION



Principal Place of Business

Mailing Address

7370 NW 36 ST
325-F
MIAMI FL 33166
US

7370 NW 36 ST
325-F
MIAMI FL 33166
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/08/1989

3a. Date of Last Report

06/19/1995

4. FEI Number

65-0137940

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 has liability for intangible tax under s. 199.032
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

GONZALEZ-AGUIAR, JUAN C.
8775 SW 12 ST
MIAMI FL 33174

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0532 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 607.0605, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

NOTE: Registered Agent signature required when changing

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ~~ARIAS DE GOMEZ, LILIA~~
STREET ADDRESS ~~3426 COLLINS AVE APT 710~~
CITY-ST-ZIP ~~MIAMI BEACH FL~~

DELETE

TITLE S
NAME GOMEZ, NELSON JR.
STREET ADDRESS CALLE 50, SENORIAL 50 4B
CITY-ST-ZIP CIUDAD PANAMA, PANAMA

DELETE

TITLE T
NAME ARIAS DE GOMEZ, LILIA
STREET ADDRESS CALLE 50, SENORIAL 50 4B
CITY-ST-ZIP CIUDAD PANAMA, PANAMA

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD

1.2 NAME GOMEZ, NELSON

1.3 STREET ADDRESS 16100 Golf Club Road, Apt. #108

1.4 CITY-ST-ZIP Fort Lauderdale, FL 33326

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME ARIAS DE GOMEZ

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 119.07(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 recorder 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NELSON GOMEZ 1/31/96 (309) 593-7040

CR2E034 (12/95)