FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
May 07 1997 8:00am
Secretary of State

DOCUMENT # L07400

1. Corporation Name

PAGALINE INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
7370 NW 36 ST 325-F MIAMI FL 33166	7370 NW 36 ST 325-F Miami, FL 33166

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 08/08/1989
3a. Date of Last Report: 6/17/96
4. FEI Number: 65-0187940 ☐ Applied For ☐ Not Applicable
6. 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

9. Name and Address of Current Registered Agent	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 607.0502 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 _____ DATE _____
Signature, type or print name of registered agent and title if applicable (DATE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P D ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	GOMEZ, NELSON	12 NAME	
STREET ADDRESS	16100 Golf Club Rd. Apt # 108	13 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33326	14 CITY-ST-ZIP	
TITLE	S ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	GOMEZ, NELSON JR	22 NAME	
STREET ADDRESS	Calle 50 SENORIAL 50 40	23 STREET ADDRESS	
CITY-ST-ZIP	Ciudad Panama, Panama	24 CITY-ST-ZIP	
TITLE	T ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	ARIAS DE GOMEZ, LILIA	32 NAME	
STREET ADDRESS	Calle 50 SENORIAL 50 4B	33 STREET ADDRESS	
CITY-ST-ZIP	Ciudad Panama, Panama	34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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5/7/97

14. I do 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.

SIGNATURE: _____ Nelson Gomez 4/28/97 (800) 593-7040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #