

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jun 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **L27810** (5)
1. Corporation Name
PACIFIC-ATLANTIC INTERNATIONAL CORP.

Principal Place of Business 7825 Nw 29 St BAY 121 MIAMI FL 33122 US	Mailing Address 7825 Nw 29 St BAY 121 MIAMI FL 33122 US
---	---

2. Principal Place of Business 21 7825 NW 29 ST. Suite, Apt. #, etc. 22 Bay 121 City & State 23 Miami Florida Zip 24 33122 Country 25 USA	2a. Mailing Address 26 7825 NW 29 St Suite, Apt. #, etc. 27 Bay 121 City & State 28 Miami, Florida Zip 29 33122 Country 30 USA
--	---

3. Date Incorporated or Qualified 11/03/89	3a. Date of Last Report 05/01/96
4. FEI Number 65-0152325	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	

9. Name and Address of Current Registered Agent

**MALCA, ROBERTO
7825 NW 29St
Bay 121,
Miami, Florida 33122**

10. Name and Address of New Registered Agent

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 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)

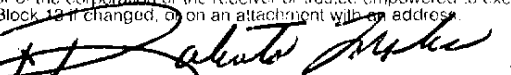
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☐ DELETE	1.1 TITLE	President ☒ Change ☐ Addition
NAME	MALCA, ROBERTO	1.2 NAME	MALCA, ROBERTO
STREET ADDRESS	4630 NW 902 Place	1.3 STREET ADDRESS	4666Nw 97 Ct
CITY-ST-ZIP	Miami, Florida	1.4 CITY-ST-ZIP	Miami-Florida 33178
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

100002214811
-06/17/97--01042--017
*****165.00**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Malca, Roberto **05/30/97** **305-718-8455**

Date

Daytime Phone #

CR2E034 (9/96)