

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90001 010 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L27810**

1. Corporation Name

**PACIFIC-ATLANTIC INTERNATIONAL CORP.**

Principal Place of Business

Mailing Address

7825 NW 29ST  
BAY 121  
MIAMI FL 33122  
US

7825 NW 29ST  
BAY 121  
MIAMI FL 33122  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/03/1989**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **10505 N. W 27th St.**

26 **10505 N. W 27th St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **UNIT 2**

27 **UNIT 2**

City & State

City & State

23 **MIAMI FL.**

28 **MIAMI, FLORIDA**

Zip

Country

Zip

Country

24 **33172**

25 **USA**

29 **33172**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MALCA, ROBERTO**  
**7825 NW 29ST**  
**BAY 121**  
**MIAMI FL 33178**

81 Name

**ROBERTO MALCA**

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

83

**10505 N. W. 27th St. UNIT 2**

84 City

**MIAMI**

**FL**

85 Zip Code  
**33172**

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)

**JUL 09 1999**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE  
NAME **MALCA, ROBERTO**  
STREET ADDRESS **4666NW 97 CT**  
CITY-ST-ZIP **MIAMI FL 33178**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/9/99**

Date

**305-718-8455**

Daytime Phone #

CR2E034 (5/99)

590754-90001-10  
L27810



## PACIFIC ATLANTIC INT'L CORP.

APPLIANCES • ELECTRONICS • HOUSEWARES  
IMPORT & EXPORT

Miami, February 24 1999

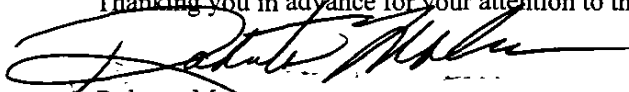
FLORIDA DEPT. OF STATE  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fla. 32314

Ref: Filing of Annual Report.

Dear Sirs:

We hereby inform you that as of this date we have not received the Profit Corporation Annual report Packet and therefore are unable to file the corresponding report. We take this opportunity to request you to update our current mailing address as we recently moved our location to the address specified at the bottom of this letter.

Thanking you in advance for your attention to this matter.

  
Roberto Malca  
President.-