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Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # M01395 (6)
 1. Corporation Name
PACIFIC METAL CORP.



Principal Place of Business: **17026 COLLINS AVE N MIAMI BCH. FL 33180-3635 US**
 Mailing Address: **17026 COLLINS AVE N MIAMI BCH. FL 33160-3642 US**

2. Principal Place of Business: **21 17030 COLLINS AVE**
 Suite, Apt. #, etc.
 City & State: **23 N. MIAMI BEACH FL**
 Zip: **24 33160** Country: **25 USA**

2a. Mailing Address: **26 17030 COLLINS AVE**
 Suite, Apt. #, etc.
 City & State: **27 N. MIAMI BEACH FL**
 Zip: **29 33160** Country: **30 USA**

3. Date Incorporated or Qualified: **06/05/1984**
 3a. Date of Last Report: **07/23/1996**

4. FET Number: **NOT APPLICABLE**
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fec 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
REGISTERED AGENT SERVICES, CO.
444 BRICKELL AVENUE
SUITE 300
MIAMI FL 33131

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
FL 85 Zip Code

10. Name and Address of New Registered Agent

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANDER, MICHAEL A.	1.2 NAME	
STREET ADDRESS	444 BRICKELL AVE., #300	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEALY, ROXANA	2.2 NAME	
STREET ADDRESS	444 BRICKELL AVE., #300	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGOREN, EDITH LITVAK	3.2 NAME	
STREET ADDRESS	17070 COLLINS AVE, #221	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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[Handwritten Signature]

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 _____

CR2E034 (9/96)