

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90044 038 ***150.00

DOCUMENT # M01395

1. Corporation Name

PACIFIC METAL CORP.

Principal Place of Business

300 SEVILLA AVENUE, SUITE 215
CORAL GABLES FL 33134
US

Mailing Address

300 SEVILLA AVENUE, SUITE 215
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1984

4. FEI Number

59-2418368

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

REGISTERED AGENT SERVICES, CO.
444 BRICKELL AVENUE
SUITE 300
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

RONALD E. HERZOG

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

300 SEVILLA AVE 215

83

84 City

CORAL GABLES

FL

85 Zip Code

33134

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

RE HERZOG

RE HERZOG

4/21/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME BANDER, MICHAEL A.
STREET ADDRESS 444 BRICKELL AVE., #300
CITY-ST-ZIP MIAMI FL

TITLE SD ☒ DELETE
NAME HEALY, ROXANA
STREET ADDRESS 444 BRICKELL AVE., #300
CITY-ST-ZIP MIAMI FL

TITLE P ☐ DELETE
NAME DEGOREN, EDITH LITVAK
STREET ADDRESS 17070 COLLINS AVE, #221
CITY-ST-ZIP N. MIAMI BCH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME De Goren, Edith Litvak
3.3 STREET ADDRESS 100 Bayview Drive # 1004
3.4 CITY-ST-ZIP North Miami Beach, FL 33160

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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, with all other like empowered.

SIGNATURE:

Edith Litvak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

(305)445-7928

Date

Daytime Phone #

CR2E034 (11/98)