

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M14373 (8)

1. Corporation Name

PASTEUR DELIVERY SYSTEMS INCORPORATED



Principal Place of Business

Mailing Address

~~C/O ISMAEL HERNANDEZ~~
3233 PALM AVENUE
HALEAH FL 33012

5995 PLAZA DRIVE
MS #1460
CYPRESS CA 90630

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

04/22/1985

3a. Date of Last Report

08/25/1995

4. FEI Number

59-2560480

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

10. Name and Address of New Registered Agent

SPIVACK, DAVID
3233 PALM AVE.
HALEAH FL 33012

81 Name

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

1 Alhambra Plaza, Ste. 1000

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
LOWELL, WAYNE
STREET ADDRESS
5995 PLAZA DRIVE
CITY-ST-ZIP
CYPRESS CA 90630

TITLE ☐ DELETE

NAME
S
KONOWIECKI, JOSEPH
STREET ADDRESS
5995 PLAZA DRIVE
CITY-ST-ZIP
CYPRESS CA 90630

TITLE ☐ DELETE

NAME
V
SPIVACK, DAVID
STREET ADDRESS
3233 PALM AVE
CITY-ST-ZIP
HALEAH FL 33012

TITLE ☐ DELETE

NAME
T
GARROTE, IVONNE
STREET ADDRESS
3233 PALM AVE.
CITY-ST-ZIP
HALEAH FL 33012

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
P/D
Lowell, Wayne

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
900001810
-05/07/96--01018--012
***200.00

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
Spivack, David
3.3 STREET ADDRESS
1 Alhambra Plaza, Ste. 1000
3.4 CITY-ST-ZIP
Coral Gables FL 33134

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
Garrote, Ivonne
4.3 STREET ADDRESS
1 Alhambra Plaza, Ste. 1000
4.4 CITY-ST-ZIP
Coral Gables, FL 33134

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME
P/D
Goodstein Mitchell
5.3 STREET ADDRESS
1 Alhambra Plaza, Ste. 1000
5.4 CITY-ST-ZIP
Coral Gables, FL 33134

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME
D/C
Folick, Jeff
6.3 STREET ADDRESS
5995 Plaza Drive
6.4 CITY-ST-ZIP
Cypress, CA 90630

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Joseph Konowiecki, Secretary

4/24/96

(nu) 229-2783

CR2E034 (12/95)