2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000008538

1. Entity Name
PASCAL INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1240 MARIOLA COURT CORAL GABLES, FL 33134	C/O BESSEMER TRUST COMPANY OF FLORIDA 801 BRICKELL AVENUE MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

03122004 No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
65-1066949	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BESSEMER TRUST COMPANY OF FLORIDA
801 BRICKELL AVENUE
MIAMI, FL 33131

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _Jurella Thornburg_ of BTCo. of FL   3/16/04

Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000094586
03/23/04-80002-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PASCAL, CLARA
STREET ADDRESS	1240 MARIOLA COURT
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	WAINWRIGHT, NANCY
STREET ADDRESS	641 SOUTH LAKELAND AVENUE
CITY-ST-ZIP	SEVERNA PARK, MD 21146
TITLE	D
NAME	SHAHEEN, JANE
STREET ADDRESS	6 TUXEDO ROAD
CITY-ST-ZIP	RUMSON, NJ 07760
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Nancy Wainwright_   _March 15, 2004_   410-544-3950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #