

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
FILED
Apr 30 2005 08:00 AM
Mar 23 2004 08:00 AM
Secretary of State

DOCUMENT # N00000008538	
1. Entity Name PASCAL INTERNATIONAL, INC.	
Principal Place of Business 1240 MARIOLA COURT CORAL GABLES, FL 33134	Mailing Address 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 65-1066949	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

5. 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 Jurisa Thorburg of BTCo. of FL 3/16/04
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstalling) 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 NAME STREET ADDRESS CITY-ST-ZIP	D PASCAL, CLARA 1240 MARIOLA COURT CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAINWRIGHT, NANCY 641 SOUTH LAKE LAND AVENUE SEVERNA PARK, MD 21146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAHEEN, JANE 6 TUXEDO ROAD RUMSON, NJ 07780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000034/300
04/30/05-80109-017 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 46-544-3950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #