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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9300001646 (7)

PACLID, INC.

			·				
Principal Place of Business		Mailing Address		i fabligen ins thise state dest serts eater mein meibt train seint nebrb derricht.			
9485 SUNSET A-280 Miami Fl 3317		9485 SUNSET DR A-280 Miami Fl 33173-3228					
MINNI FE 9910		MINNI (C 40110 GEE			3. Date Incorporated or Qualified 01/06/1993	3a. Date of Last Report 04/01/1996	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For	
21		26		65-0463291	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	)	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Z <sub>i</sub> p	Country 25	Zip <b>29</b>	Coun	try	8. This corporation has liability for in Florida Statutes	intangible tax under s. 199.032, Yes 🔲 No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
FOX	, LEONARO B		ε	Name			
9485 SUNSET DR			1	82 Street Address (P.O. Box Number is Not Acceptable)			
A-28 Miai	ru MI FL 33173		Ē	33		***************************************	
			Ē	14 City		FL 85 Zip Code	
11. Pursuant to office or reagent if an	o the provisions of Sections 607.0 og stered agent or both, in the Sta n familiar with, and accept the ob	502 and 607.1508, Florida Sta ite of Florida. Such change wa igations of, Section 607.0505,	itutes, the abo as authorized Florida Statu	ove-named cor by the corpora tes.	poration submits this statement for the pation's board of directors. I hereby accept	purpose of changing its registered	
SIGNATURE .	Signature , typied or printed name of registered	agent a cit the it applicable (I	NOTE Registered	Agent signature requ	uired when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	V	DELETE	1.1 TITL	E		Change Addition	
NAME	PATALANO, SALVATORE F		1.2 NAM	Æ	•		
STREET ADDRESS	9485 SUNSET DR., #A-280		1.3 STR	EET ADDRESS			
City-St-ZiP	MIAMI FL 33173		1.4 CfTY	r-St-ZIP			
TITLE	CEOP	DELETE	2 1 TITL	E		Change Addition	
NAME	FOX III, LEONARD B		22 NAM	AE ]			
STREET ADDRESS	9485 SUNSET DR., #A-280		2.3 STR	EFT ADDRESS			
CHY-ST-ZIP	MIAMI FL 33173		2 4 CIT	Y-SI-ZIP			
TITLE	ST	DELETE	3 1 TITL	E ]		Change Addition	
NAME	goodwin, terence J		3.2 NAM	NE Į			
STREET ADDRESS	9485 SUNSET DR., #A-280		3.3 STR	eet address			
C-TY - ST - ZIP	MIAMI FL 33173		3.4. CH	Y-ST-ZIP			
TITLE		☐ DELLTE	4.1 TiTL	E		☐ Change ☐ Additio	
NAME			4. 2 NA	ME			

14. If do hereby certify that the information supplied with this filing does per 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 suppliemental annual feport is the 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 Stanged, or or an attachment with an address.

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

City-ST-ZIP

CITY - S1 - ZIF

TITLE

NAME

TULE NAME

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

S.F. Partalano

1897 305-270-7444

☐ Change

Change

Addition

Addition

**FILED** 

Jan 22 1997 8:00am

Secretary of State