PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000001646 i

PACLID, INC.

Principal Place of Business

Mailing Address

9485 SUNSET DR

9485 SUNSET DR

A-280

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

08-26-1999 90001 034 ***550.00



MIAMI FL 33173	MIAMI FL 33173		DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified	
			01/06/1993	
2. Principal Place of Business	2a. Mailing Address 26 QS40 SW	160 87	4. FEI Number	Applied For
21 9330 SW 167 SI.		10001	65-0463291	Not Applicable
Suite, Apt. #, etc.	27 1 2		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	CI	6. Election Campaign Financing	\$5.00 May Be
	28 MIA-MI	74	Trust Fund Contribution	Added to Fees
23 Zip 33 1 S 7 Zip Country A	29 Zig 33157 30	Country S 4	This corporation owes the current year Intangible Personal Property.	Yes 🔀 No
9. Name and Address of Current		<u> </u>	10. Name and Address of New Registered	
		81 Name		
fox, Leonard B	REG. A	SENT RO Street AC	dress (P.O. Box Number is Not Acceptable)	
9485 SUNSET DR		フィーコン		
A-280	NE	w 83		
MIAMI FL 33173	ADC	RESS B4 City A		85 Zip Code
		" " P\	IAMI FL	33121
11. Pursuant to the provisions of sections 607.0502	and 607.1508, Florida Statutes,	the above-named cor	poration submits this statement for the purpose of chation's board of directors. I hereby accept the appoi	anging its registered
agent. I am familiar with, and accept the obliga	tions of, section 607.0505, Florid	la Statutes.	ation's board of directors. Thoroby accept the appear	namoni do regioteres
SIGNATURE				
Signature, typed or printed name of registered agent		: Registered Agent signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
12. OFFICERS AND	\ <u></u>	1.1 TITLE	ADDITIONS/GITANGES TO GIT IDENG AN	Change Addition
NAME PATALANO, SALVATORE F	DELETE		FOX, KEVIN C	Change Addition
STREET ADDRESS 9485 SUNSET DR., #A-280		1.3 STREET ADDRESS	6626 SW 60 ST	
CITY-ST-ZIP MIAMI FL 33173		1.4 CITY-ST-ZIP	MIAMI FL 33143	
TITLE CEOP	DELETE	2.1 TITLE	CEOP	Change Addition
NAME FOX III. LEONARD B		2.2 NAME	FOX, III, LEONARD B	
STREET ADDRESS 9485.SUNSET DR., #A-280		2.3 STREET ADDRESS	9540 SW 160 ST # 112	
CITY-SY-ZIP MIAMI FL 33173		2.4 CITY-ST-ZIP	MIAMI FL 33157	
TITLE ST.	DELETE	3.1 TITLE	D	Change Addition
NAME GOODWIN, TERENCE J		3.2 NAME	FOX, MAGALI P	,
STREET ADDRESS 9485 SUNSET DR., #A-280		3.3 STREET ADDRESS	9330 SW 167 ST MIAMI FL 33157	
CITY-ST-ZIP MIAMI FL 33173			MIAMI FL 33157	
TITLE	DELETE	4.1 TITLE		Change Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME	☐ DELETE	5.2 NAME		Change Addition
STREET ADDRESS		5.3 STREET ADDRESS		
City-st-zip		5.4 CITY-ST-ZIP		
TITLE 9 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		_ , _
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP ・		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.

SIGNATURE: