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 # **P93000034020 (6)**

1. Corporation Name

PACESETTER IMPROVEMENTS, INC.

Principal Place of Business	Mailing Address
4706 SOUTH LE JEUNE ROAD CORAL GABLES FL 33146	4706 SOUTH LE JEUNE ROAD CORAL GABLES FL 33146

3. Date Incorporated or Qualified: 05/07/1993

3a. Date of Last Report: 05/01/1995

4. FEI Number: 65-0411735 ☐ 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

2. Principal Place of Business

21 5775 S.W. 35 ST
22
23 City & State: MIAMI FL.
24 Zip: 33155 25 Country: USA

2a. Mailing Address

26 5775 S.W. 35 ST.
27
28 City & State: MIAMI FL.
29 Zip: 33155 30 Country: USA

9. Name and Address of Current Registered Agent

FREITAG-PACE, BARBARA
~~4706 SOUTH LE JEUNE ROAD~~ 5775 S.W. 35 ST.
~~CORAL GABLES FL 33146~~ MIAMI, FL. 33155

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 this 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, type or print name of registered agent, and title if applicable) _____ (Certified Resolution Authorizing Registered Agent Change) _____ DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	FREITAG-PACE, BARBARA	
STREET ADDRESS	5775 SOUTHWEST 35TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	DC	☐ DELETE
NAME	PACE, RONALD D	
STREET ADDRESS	5775 SW 35TH ST	
CITY-ST-ZIP	MIAMI F	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
1-3 STREET ADDRESS		
1-4 CITY-ST-ZIP		
2-1 TITLE		☐ Change ☐ Addition
2-2 NAME		
2-3 STREET ADDRESS		
2-4 CITY-ST-ZIP		
3-1 TITLE		☐ Change ☐ Addition
3-2 NAME		
3-3 STREET ADDRESS		
3-4 CITY-ST-ZIP		
4-1 TITLE		☐ Change ☐ Addition
4-2 NAME		
4-3 STREET ADDRESS		
4-4 CITY-ST-ZIP		
5-1 TITLE		☐ Change ☐ Addition
5-2 NAME		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		
6-1 TITLE		☐ Change ☐ Addition
6-2 NAME		
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

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)(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 changed, or on an attachment with an address.

SIGNATURE: Ronald Pace RONALD PACE 3/24/96 (305)667-0839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

CR2E034 (12/95)