

PROFIT CORPORATION ANNUAL REPORT

2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAY -3 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000053507

1. Corporation Name
PECTEL, INC.

Principal Place of Business

306 SW 6TH ST
#E1
MIAMI FL 33131
US

Mailing Address

P.O. BOX 331501
MIAMI FL 33233-1501
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1993

4. FEI Number

65-0426655

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 owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 2809 BIRD AVENUE

2a. Mailing Address

28 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #132

Suite, Apt. #, etc.

23 COCONUT GROVE, FL

27 City & State

City & State

24 33133

25 USA

28 Zip

29 Country

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

MARGOLIS, JOHN A ESQ
9990 SW 77TH AVE
SUITE 330
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

PETER E MITCHELL

82 Street Address (P.O. Box Number is Not Acceptable)

2809 BIRD AVENUE

83

COCONUT GROVE #132

84 City

COCONUT GROVE FL

85 Zip Code

33133

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 the 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, typed or printed name of registered agent and title, if applicable.

PETER MITCHELL

4/28/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP DELETE
NAME MITCHELL, PETER E.
STREET ADDRESS 1221 BRICKELL AVENUE, 9TH FLOOR #E1
CITY-ST-ZIP MIAMI FL 33131

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 2809 BIRD AVENUE, #132
1.4 CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS 200003260062--7
2.4 CITY-ST-ZIP -05/19/00--01111--004

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ***150.00 Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED

4/28/99

Date

(305) 285-6776

Daytime Phone #

KE