

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
Jul 03 1996 8:00 am  
Secretary of State

**DOCUMENT # P94000008875 (4)**  
1. Corporation Name

**RAMON PACHECO AND ASSOCIATES, INC.**



Principal Place of Business: 4990 SW 72ND AVE. #101 MIAMI FL 33155  
Mailing Address: 4990 SW 72ND AVE. #101 MIAMI FL 33155

3. Date Incorporated or Qualified: 02/03/1994  
3a. Date of Last Report: 02/14/1995  
4. FEI Number: WR09-05-043721 65-0457901  
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. 199.03?, Florida Statutes:  Yes  No

2. Principal Place of Business: Ramon Pacheco & Assoc, Inc.  
2a. Mailing Address: 4990 SW 72nd Avenue  
21. Suite, Apt. #, etc: 101  
22. City & State: Miami, Fl.  
23. Zip: 33157  
24. Country: U.S.  
25. City & State: Miami, Fl.  
26. Zip: 33157  
27. Country: U.S.  
28. Zip: 33157  
29. Country: U.S.  
30. Zip: 33157

9. Name and Address of Current Registered Agent: PACHECO, RAMON B, 4990 SW 72ND AVE, #101, 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, 85 Zip Code: FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	PACHECO, RAMON B	
STREET ADDRESS	8305 SW 17TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	PACHECO, AIDA	
STREET ADDRESS	8305 SW 17TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	100001884741
5.3 STREET ADDRESS	-07/05/96--01030--040
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(x), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Aida Pacheco  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 06-06-96 305-649-7129  
Expires: 06-30-96

CR2E034 (3/96)