

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

pg 1

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUL 18 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P94000019660 (7)

1. Corporation Name
HARPAC, INC.

Principal Place of Business
10900 S.W. 93RD AVE.
MIAMI FL 33176

Mailing Address
10900 S.W. 93RD AVE.
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified 03/11/1994 | 3a. Date of Last Report 03/19/1996 |
| 4. FEI Number 59-1295001 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Zip |
| 24. Country | 29. Country |

9. Name and Address of Current Registered Agent

PACKMAN, CILA
10900 SW 93 AVE
MIAMI FL 33176

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

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------|--------|
| TITLE | D | DELETE |
| NAME | PACKMAN, BRUCE B | |
| STREET ADDRESS | 10900 SW 93 AVE | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | DP | DELETE |
| NAME | PACKMAN, CILA | |
| STREET ADDRESS | 10900 SW 93 AVE | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | DS | DELETE |
| NAME | PACKMAN, SCOTT | |
| STREET ADDRESS | 10900 SW 93 AVE | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | DT | DELETE |
| NAME | PACKMAN, KEVIN | |
| STREET ADDRESS | 10900 SW 93 AVE | |
| CITY - ST - ZIP | MIAMI FL | |
| 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 | | |
| 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 | | |

000002245340-1
-07/23/97--01094--010
****165.00 ****165.00

14. I do 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 in an attachment with an address.

CR2E034 (4/97)

pg 2

Tuesday, July 15, 1997

To Whom It May Concern:

Pursuant to my conversation with Debbie Smith, I have enclosed a check for \$165 for Harpac, Inc.'s 1997 Profit Corporation Annual Report. I had no knowledge that any payment was due as I never received a form or bill. Since my husband was diagnosed with Amyotrophic Lateral Sclerosis, commonly known as Lou Gehrig's Disease, I have been taking responsibility for all of Harpac, Inc., and it is a learning process.

I have now made a note in the file for Harpac, Inc., that in the future I must assume the responsibility for calling the Department of State if I don't get the for-profit corporation annual report by March. As I'm always prompt and punctual in filing government forms and in paying all bills, I ask that you waive the penalty for late filing.

I respectfully appeal to you to consider the circumstances of my situation and to consider the \$165 as full payment.

Thank you for giving of your time in reading my letter.

Sincerely,



Cila Packman