

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P94000022055 (5)

1. Corporation Name

PARGOS INTERNATIONAL CORPORATION

Principal Place of Business

8155 N.W. 67TH STREET  
MIAMI FL 33168

Mailing Address

8155 N.W. 67TH STREET  
MIAMI FL 33168

FILED  
95 JUL 25 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/22/1994

3a. Date of Last Report

4. FEI Number

65-0526122

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



9. Name and Address of Current Registered Agent

ROSEN, GENE S  
1550 N.E. MIAMI GARDENS DRIVE  
SUITE 305  
N. MIAMI BEACH FL 33179

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 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)

(Signature, typed or printed name of registered agent and title, if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

13. ADDITIONAL INFORMATION TO BE FURNISHED TO THE AGENT FOR THE AGENT

1.1 TITLE  
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  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY ST ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY ST ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY ST ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY ST ZIP

PRESIDENT & TREASURER  
DAVID J. MINDEL  
8155 NW 67TH STREET, MIAMI  
FL 33166  
VICE PRESIDENT & SECRETARY  
DAN MINDEL  
8155 NW 67TH STREET  
MIAMI FL 33166  
DIRECTOR  
WILLIAM R. HARWOOD  
64 S MIDDLE STREET  
GEORGETOWN GUYANA  
Change Addition  
Change Addition  
Change Addition  
Change Addition  
Change Addition  
Change Addition

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 110.07(3)(b), 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: *David J. Mindel* DAVID J. MINDEL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-95  
Date

305-592-6149  
(Caption Name)

CP2E034 (3/95)