	***************************************	the transfer of the second		
PLEASE READ /	ALL INSTRUCTIONS	BEFORE COMP	PLETING THIS FORM	(5)
APPLICATION 1998 FOR AR	FLORIDA DEPARTME Sandra B. Mon Secretary of S	tham	AND FILED	•
REINSTATEMENT	DIVISION OF CORPO		1998 DEC -4 PH 2: 38	
DOCUMENT # P94000 1. Corporation Name		STATE STATE		
PASCO TRADING CORP.				
			_	
Principal Place of Business Mailing Address 16-FISHING-VILLAGE DRIVE 8105		105541134/51	I (1818) 188 1984 1884 1884 1884 1884 1884 1886 1886 1884 1886 1886 1886 1886 1	
212001 112006+		Manife		
Miani FL33157		33157		
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable	ough incorrect Information and enter 3. New Mailing Office Address, If	Applicable 4. Da	ate Incorporated or Qualified	
Suite, Apt. #, etc. 8105 SW 163 ROST 8105 SW 163 ROST		PDC1	To Do Business in Florida 07/11/1994	
STOSSW 16386ST	City & State	5. FE	El Number 65-0514128	Applied For Not Applicable
ZIP23167 Country vale	Zig Countr	5.	RTIFICATE OF STATUS DESIRED 50 a Certificate	onal Fee required
7. Names and Street Addresses of Each Officer and/	or Director (Florida perpretit corpor	0000		icate of Status
Name of Officers Title(s) and/or Directors	Str	eet Address of Each ficer and/or Director	City / State / Zip	
1 2	3 (Do NOT Us	Post Office Box Numbers)	4	
P PERETZ, ALBERT	8105 SW 163RD	SIREEI	MIAMI FL 33157	
			<u>800002307738</u>	34
			-12/03/3801038 ****150.00 ****	*150.00
			Scc 12-4-98	
8. Name and Address of Current Registered Agent Name			me and Address of New Registered Agent	_©
PERETZ, ALBERT	Street Address (P.O. Box	Number is Not Acceptable)	CRZEO40 (8/89)	
8105 SW 163RD STREET MIAMI FL 33157		Suite, Apt. #, Etc.		
Miletall I E 33 137		City State Zip Code		
10. I, being appointed the registered agent of the abo	ve named composition am familiar w	<u> </u>	FL	
Signature of GNA	TURE REQU		s of Section 607.0305, P.S.	†
registered right	GISTERED AGENT MUST SIGN	////	Date	
11. This corporation owes or ha Intangible Personal Propert		ar Yes No	(See other side for infor on intangible tax.	
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for disso owed by the corporation have been paid and the ron this application is true and accurate, and my signific	lution has been eliminated, the corporates of individuals listed on this for	prate name satisfies the requi m do not qualify for an exem	lirements of section 607.0401 or 617.0401, F.S.,	that all fees
PICNATURE.	RE REQUIP	RED		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				



Albert De Paris 8105 S. W. 163 rd Street Miami, Fl. 33157

Division of Corporations Annual Report P. O. Box 6327 Tallahassee, Fl. 32314-6327

Dear Sir / Madam,

Please be advised I am in receipt of you dissolution notice effective October 16, 1998. The mailing address noted on the Annual Report is incorrect and consequently I did not receive such report. I called the Division and they instructed me to enclose a check for \$150.

I have corrected the form and apologize for this error.

Thank you for attention to this.

Very Truly,

1

Albert Perets