

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION,  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000084468 (5)

1. Corporation Name

PACIFIC FOREST PRODUCTS CORPORATION



Principal Place of Business

115 E. ENID DR.  
MIAMI FL 33149

Mailing Address

1578 MADRUGA ARENA  
STE 144  
CORAL GABLES FL 33146  
US

3. Date Incorporated or Qualified  
11/18/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21 1492 South Miami Ave.

Suite, Apt. #, etc.

22 Suite 202

City & State

23 Miami, Florida 33130

Zip

Country

25 U.S.A.

2a. Mailing Address

26 1492 South Miami Ave.

Suite, Apt. #, etc.

27 Suite 202

City & State

28 Miami, Florida

Zip

Country

29 33130

30 U.S.A.

4. FEI Number

65-0580296

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GOITIA, ANTONIO F  
115 E. ENID DR.  
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

81 Name

Andres Delgado

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

1492 South Miami Avenue

83

Suite 202

84 City

Miami, Floirda

FL

85 Zip Code

33130

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

ANDRES DELGADO

(NOT Registered Agent Signature required when reappointing)

Andres Delgado

3/15/96

12. OFFICERS AND DIRECTORS

TITLE D  
NAME GOITIA, ANTONIO  
STREET ADDRESS 115 E ENID DR  
CITY-ST-ZIP KEY BISCAYNE FL ☒ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 President ☐ Change ☒ Addition  
1.2 NAME Andres Delgado  
1.3 STREET ADDRESS 1492 South Miami Avenue  
1.4 CITY-ST-ZIP #202, Miami, Florida 33130 ☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE Director ☐ Change ☒ Addition  
3.2 NAME Elizabeth Goitia  
3.3 STREET ADDRESS 115 East Enid Drive  
3.4 CITY-ST-ZIP Key Biscayne Florida 33149 ☐ Change ☐ Addition

4.1 TITLE  
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  
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)(k), 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:

Andres Delgado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96

Date

(305)

539-9663

Daytime Phone #

CR2E034 (12/95)

PS 3/18/96