

Amend Existing Annual Report
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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***PROFIT CORPORATION ANNUAL REPORT 1997**

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

97 DEC 19 AM 10:52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **994000088073**
 1. Corporation Name
PAIRS International, Inc.

*****61.25 *****61.25

Principal Place of Business Mailing Address

**1056 Creekford Dr.
 Ft. Lauderdale, FL 33326**

**C/O Neal Simmons, CPA
 7110 N.W. 4th Ave.
 Boca Raton, FL 33487**

2. Principal Place of Business 2a. Mailing Address

21 **1152 N. University Dr.** 26 **1152 N. University Dr.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **Suite 202** 27 **Suite 202**
 City & State City & State

23 **Pembroke Pines FL** 28 **Pembroke Pines FL**
 Zip Country Zip Country

24 **33024** 25 **USA** 29 **33024** 30 **USA**

3. Date Incorporated or Qualified 3a. Date of Last Report

4. FEI Number **65-0468546** 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 Yes No

9. Name and Address of Current Registered Agent

**Neal Simmons, CPA
 7110 N.W. 4th Ave.
 Boca Raton, FL 33487**

10. Name and Address of New Registered Agent

81 Name **Gary Cooper**
 82 Street Address (P.O. Box Number is Not Acceptable) **3200 N.E. 14th Street**
 83
 84 City **Pompano Beach** FL 85 Zip Code **33062**

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 **X Gary Cooper** Signature Typed or Printed Name of Registered Agent and Date (Applicable to (Not a Registered Agent) and Date of Registration (Not a Registered Agent)) **X Gary Cooper** **12/8/97**

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	Lori H Gordon	
STREET ADDRESS	1056 Creekford Dr.	
CITY- ST- ZIP	Ft. Lauderdale, FL 33326	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	Morris Gordon	
STREET ADDRESS	1056 Creekford Dr.	
CITY- ST- ZIP	Ft. Lauderdale FL 33326	
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		

A. Alay 12/19/97

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	1152 N. University Dr., Suite 202	
1.4 CITY- ST- ZIP	Pembroke Pines FL 33024	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	1152 N. University Dr., Suite 202	
2.4 CITY- ST- ZIP	Pembroke Pines FL 33024	
3.1 TITLE	CEO, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Seth D. Eisenberg	
3.3 STREET ADDRESS	1152 N. University Dr., Suite 202	
3.4 CITY- ST- ZIP	Pembroke Pines, FL 33024	
4.1 TITLE	VP, S.T, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert T. Henthorn	
4.3 STREET ADDRESS	1152 N. University Dr., Suite 202	
4.4 CITY- ST- ZIP	Pembroke Pines, FL 33024	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Shelly Moss	
5.3 STREET ADDRESS	1152 N. University Dr., Suite 202	
5.4 CITY- ST- ZIP	Pembroke Pines FL 33024	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Neal Simmons	
6.3 STREET ADDRESS	1152 N University Dr., Suite 202	
6.4 CITY- ST- ZIP	Pembroke Pines FL 33024	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g) 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 of this report or on an attachment with an address.

SIGNATURE: **SETH D. EISENBERG** 10/16/97 (454) 431-4540
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Office #

CR2E034 (9/96)

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PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT #
1. Corporation Name
PAIRS International, Inc.

** additional officers*

Principal Place of Business Mailing Address

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FET Number	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
81. Name	81. Name
82. Street Address (P.O. Box Number is Not Acceptable)	82. Street Address (P.O. Box Number is Not Acceptable)
83.	83.
84. City	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 (Signature, type or print name of registered agent and file if applicable) (NEW) Registered Agent signature (required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12. NAME	<i>D</i> David L. Eisenberg
STREET ADDRESS		13. STREET ADDRESS	1152 N. University Dr., Suite 202
CITY-ST-ZIP		14. CITY-ST-ZIP	Pembroke Pines FL 33024
TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22. NAME	<i>D</i> Hal Braff
STREET ADDRESS		23. STREET ADDRESS	1152 N. University Dr., Suite 202
CITY-ST-ZIP		24. CITY-ST-ZIP	Pembroke Pines FL 33024
TITLE	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32. NAME	<i>D</i> Tom DeVoge
STREET ADDRESS		33. STREET ADDRESS	1152 N. University Dr., Suite 202
CITY-ST-ZIP		34. CITY-ST-ZIP	Pembroke Pines FL 33024
TITLE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42. NAME	<i>D</i> Lynda Rees
STREET ADDRESS		43. STREET ADDRESS	1152 N. University Dr., Suite 202
CITY-ST-ZIP		44. CITY-ST-ZIP	Pembroke Pines FL 33024
TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52. NAME	<i>D</i> Don Adams
STREET ADDRESS		53. STREET ADDRESS	1152 N. University Dr., Suite 202
CITY-ST-ZIP		54. CITY-ST-ZIP	Pembroke Pines FL 33024
TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62. NAME	<i>D</i> Don Azevedo
STREET ADDRESS		63. STREET ADDRESS	1152 N. University Dr., Suite 202
CITY-ST-ZIP		64. CITY-ST-ZIP	Pembroke Pines FL 33024

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 of Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Seth D. Eisenberg* SETH D. EISENBERG 10/16/97 431-4540 (954)

CR2E034 (9/96)

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FLORIDA DEPARTMENT OF STATE
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DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name
PAIRS International, Inc.

** Additional Officers*

Principal Place of Business Mailing Address

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
4. FFI Number	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 has liability for intangible tax under s. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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 607.0506, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent, and title if applicable) (NONE Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

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	
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 checked="" 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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 of attached, or on an attachment with an address.

SIGNATURE: *[Signature]* **SETH D. EISENBERG** 10/10/97 431-4540 (954)

CR2E034 (9/96)