

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000007793 (9)

1. Corporation Name

PALE INTERNATIONAL O. CENTER (U.S.A.), INC.



Principal Place of Business: 2676 SW 137TH AVE MIAMI FL 33175
Mailing Address: 2676 SW 137TH AVE MIAMI FL 33175

3. Date Incorporated or Qualified: 01/30/1995
3a. Date of Last Report: [Blank]
4. FEI Number: 65-0555439
Applied For: [Blank]
Not Applicable: [Blank]
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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JUNQUERA, PATRICIA
2676 SW 137TH AVE
MIAMI FL 33175

81. Name: [Blank]
82. Street Address (P.O. Box Number is Not Acceptable): [Blank]
83. [Blank]
84. City: [Blank] FL 85. Zip Code: [Blank]

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: [Blank] (NOTE: Registered Agent signature required when re-registering) DATE: [Blank]

12. OFFICERS AND DIRECTORS

TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	PATRICIA JUNQUERA	
STREET ADDRESS	3401 S.W. 129th Ave	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	LEOPOLDO LOZANO	
STREET ADDRESS	7510 SW 151 Ter	
CITY-ST-ZIP	MIAMI FL 33150	
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 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	

Bank deposit \$200.00

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: [Signature] PATRICIA C. JUNQUERA DDS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3/22/96
558200
Corporate Filing #

CR2E034 (12/95)