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

CORPORATION ANNUAL REPORT



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

1996

DOCUMEN # 1. Corporation Name	P95000023704 (b)							
P F INTERNATIONAL ASSOCIATES, INC.								

Principal Place of Business Mailing Address 8270 CLEARY BLVD. 8270 CLEARY BLVD.								
#2706 #2706 PLANTATION FL 33324 PLANTATION FL 33324			Ļ					
704(11110)		TENTINION TE 90021	•		3. Date Incorporated or Qualified 03/23/1995	3a. Date	of Last F	leport
	lace of Business	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	4. Fe Number 056648) n		Applied For
21		26			03-036698	32		Not Applicable
Suite, Apt.	#, etc.	Suite Apt. #, etc			5. Certificate of Status Desired			Additional Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	- +0.00			
Zιρ	Country	Z(p)	Count	 ry	8. This corporation has liability for in	ntangible tax		
24	25	29	30		Florida Statutes Yes	□No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Ro	egistered A	gent	
DARA	DICARDO W		8	1 Name	·			
PAIVA, RICARDO W 8270 CLEARY BLVD.			8	2 Street Add	dress (P.O. Box Number is Not Acceptable	e)		
#8067	2706		8	3				
PLANIA	ATION FL 33324		8	4 City		FL	85 Z	p Code
SIGNATURE	Signature, typed or printed manic of registered agent a	O£FICERS AND DIRECTORS ☐ DELETE			ed where reinstating! ADDITIONS/CHANGES TO OFFICE			
TITLE NAME	PAIVA, RICARDO W			f		L.] Change	Addition
STREET ADDRESS	8270 CLEARY BLVD. #2706		1.2 NAM	ET ADDRESS				
CITY-ST-ZIP	PLANTATION FL 33324		1.4 Cili					
TITLE	D	☐ DELETE	2 1 111) Change	☐ Addition
NAME	FUSARO, FLAVIA		2.2 NAM	f		_		
STREET ADDRESS	8270 CLEARY BLVD. #2706		2 3 STR6	ET ADDRESS				
CITY - ST - ZIP	PLANTATION FL 33324		2.4 CiTy	- S1 - ZIF				<u>.</u>
TITLE		☐ DELETE	3 1 TIFL) Change	Addition
NAME CIRCUI ADDRESS			3.2 NAM					
STREET ADDRESS CITY - ST - ZIP			33 STR 34 CITY	ET ADDRESS				
TITLE		DELETE	4 1 TIT:			<u>r-</u>	Change	Addition
NAME			4.2 NAM	ŧ				_
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY	- ST - ZIP				
TITLE		☐ DELETE	5 1 111	E			Change	ncitibbA 🔲
NAME			5.2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		חמונדנ	5.4 CHY				l Change	Addition
TITLE		☐ DELETE	6 1 TITU			L	} Change	Addition
STREET ADDRESS			6.2 NAM 6.3 STR	ET ADDRESS				
STREET ADDRESS			D 3 5 1 H2	F F MOUNTED				
CITY - ST - ZIP			RACHTY	ST-ZIP				

14. I do hereby certify that the information supplied with Inis firing 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 or just 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 furnishment or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changes, of on an attachment with an address.

SIGNATURE:

land SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR