## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000045607 (5)

PAS MARKETING, INC.

Principal Place of Business

Mailing Address

## FILED Apr 25 1997 8:00am Secretary of State



Suite, Apt 4, etc.  22   27   27   27   27   27   27   27	6762 BROOKLI MIAMI FL 3301		6762 BROOKLINE DRIVE MIAMI FL 33015-2442					
SUIDLA AN #, etc.    26								
Suite, April 4, etc.  22   25   27   26   27   27   27   27   27   27	·	Place of Business	<u>├</u> ¬	2a. Mailing Address		4	<u> </u>	
City & State    City & State   City & City	21 Suite And # etc					65-0600481		
28   Country   28   Country   28   Country   29	22		27	27		5. Certificate of Status Dosired		
Country   Zip   Country   Zip   Country   St. This corporation has itentify to integrate the rule of the composition and itentify to integrate the rule of the composition and itentify to integrate the rule of the composition and address of New Registered Agent   To. Name and Agent   To. Name and Agent   To. Name and Agent   To. Name and Agent   To. N	23		F-¬ ′	<u>├</u> ¬¬ ′				
SOMERS, PATRICIA  8782 BROOKLINE DRIVE MIAMI FL 33015  81 Name  82 Orrect Address (P.O. Box Number is Not Acceptable)  83 Orrect Address (P.O. Box Number is Not Acceptable)  84 Orty  85 Orrect Address (P.O. Box Number is Not Acceptable)  85 Orrect Address (P.O. Box Number is Not Acceptable)  86 Orty  87 Orrect Address (P.O. Box Number is Not Acceptable)  87 Orrect Address (P.O. Box Number is Not Acceptable)  88 Orrect Address (P.O. Box Number is Not Acceptable)  89 Orrect Address (P.O. Box Number is Not Acceptable)  80 Orrect Address (P.O. Box Number is Not Acceptable)  81 Orrect Address (P.O. Box Number is Not Acceptable)  82 Orrect Address (P.O. Box Number is Not Acceptable)  83 Orrect Address (P.O. Box Number is Not Acceptable)  84 Orty  85 Orrect Address (P.O. Box Number is Not Acceptable)  85 Orrect Address (P.O. Box Number is Not Acceptable)  86 Orrect Address (P.O. Box Number is Not Acceptable)  87 Orrect Address (P.O. Box Number is Not Acceptable)  88 Orrect Address (P.O. Box Number is Not Acceptable)  89 Orrect Address (P.O. Box Number is Not Acceptable)  89 Orrect Address (P.O. Box Number is Not Acceptable)  89 Orrect Address (P.O. Box Number is Not Acceptable)  89 Orrect Address (P.O. Box Number is Not Acceptable)  89 Orrect Address (P.O. Box Number is Not Acceptable)  89 Orrect Address (P.O. Box Number is Not Acceptable)  89 Orrect Address (P.O. Box Number is Not Acceptable)  89 Orrect Address (P.O. Box Number is Not Acceptable)  89 Orrect Address (P.O. Box Number is Not Acceptable)  89 Orrect Address (P.O. Box Number is Not Acceptable)  89 Orrect Address (P.O. Box Number is Not Acceptable)  89 Orrect Address (P.O. Box Number is Not Acceptable)  89 Orrect Address (P.O. Box Number is Not Acceptable)  89 Orrect Address (P.O. Box Number is Not Acceptable)  89 Orrect Address (P.O. Box Number is Not Acceptable)  89 Orrect Address (P.O. Box Number is Not Acceptable)  89 Orrect Address (P.O. Box Number is Not Acceptable)  89 Orrect Address (P.O. Box Number is Not Acceptable)  89 Orrect Address (P.O. Box Nu	Zip	<u>├</u>	·····- ¬	<u>├</u> ─¹1	/	8. This corporation has liability for intaparble tax under s. 199.032,		
### Street Address (P.O. Box Number is Not Acceptable)  ### City	=-1			100				
MIAMI FL 33015    Bd   City   FL   85   Zip Code	SON	MERS, PATRICIA		81	Name			
B3   B4   City   FL   B5   Zip Code				82	Street Add	dress (P.O. Box Number is Not Acceptab	'o)	
THE Pursuant to the provisions of Socions 607 05:02 and 007 15:08, Florida Statics, the above-named corporation submits this statement for the pursuae of changing its registered agent. I am familiar win, and accept the objection 607:005, Florida Statics, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar win, and accept the objection 607:005, Florida Statics.  SIGNATURE  Sprawer, typed or protect name of regressed agent are the dissiplicable.  PROTE tragisterist Agent sprawer from a ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  OFFICERS AND DIRECTORS  SOMERS, PATRICIA  STREET ADDRESS  CHY-ST-2P  MIAMI FL 33015  TASH, SARAH  22 NAME  74 SHEET ADDRESS  CHY-ST-2P  TITLE  OFFICERS AND DIRECTORS IN 12.  TASH, SARAH  22 NAME  74 SHEET ADDRESS  CHY-ST-2P  TITLE  OELETE  31 THE  OELETE  32 NAME  33 SHEET ADDRESS  CHY-ST-2P  TITLE  OELETE  34 CHY-ST-2P  TITLE  OELETE  35 THE ADDRESS  CHY-ST-2P  TITLE  OELETE  36 THE ADDRESS  CHY-ST-2P  THE  NAME  SHEET ADDRESS  CHY-ST-2P  THE  OELETE  51 THE	, MN-7	MI FE 330 13		83				
11 - Presson to the provisions of Socions 607 05:00 and 607 15:08. Floreds Statutes, the above named corporation submits this statement for the purpose of changing its registered agont. I am familiar with, and accept the obligations of, Section 607,0005, Florida Statutes.    Signature				84	City		85	Zıp Code
SIGNATURE	11. Purcuent	to the provisions of Sactions 607	0502 and 607 1508 Florida Statut	ac the ebox	0.000004.00	reportion as boile this statement for the		
SIGNATURE	office or r	egistered agent, or both, in the s	State of Florida. Such change was a Shigations of Section 607 0505. Fire	es, me abov authorized b orida Statuto	y the corpor	ation's board of directors. I hereby accep	t the appointmen	t as registered
12.		and decimal with and doody the c	ringations of occion occions	onda Otalidia	<b>5</b> .			
TITLE					ent signature req			
NAME   SOMERS, PATRICIA   12 NAME   1.3 SIREFI ADDRESS   ST&2 BROOKLINE DRIVE   1.3 SIREFI ADDRESS   MIAMI FL 33015   1.4 CHY-SI-ZIP	<del></del>			13.		ADDITIONS/CHANGES TO OFFIC		
STREET ADDRESS   6762 BROOKLINE DRIVE   1.3 STREET ADDRESS   1.4 CHY-ST-ZIP		•	☐ DELETE				Char	nge 🔲 Addition
City-St-ZiP   MIAMI FL 33015								
TITLE								
NAME   TASH, SARAH			DELETE		ST - ZIP		II Cho	non Addition
STREET ADDRESS   B762 BROOKLINE DRIVE   23 STREET ADDRESS   2 4 CHY-ST-ZIP							[] O16:	ige Addition
DELETE   D					ADDDCCC			<u> </u>
DELETE								İ
NAME			DELETE		01-211		Char	ae Addition
City - St - ZiP	NAME			3.2 NAME				
CITY-ST-ZIP	STREET ADDRESS			3.3 STREET	ADDRESS			
TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         4.3 STREET ADDRESS         CITY-ST-ZIP         CTY-ST-ZIP         4.4 CITY-ST-ZIP         Change         Addition           NAME         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         CTY-ST-ZIP         Change         Addition           TITLE         DELETE         6.1 DELETE         Change         Addition           NAME         6.2 NAME         Change         Addition           NAME         6.3 STREET ADDRESS         CTY-ST-ZIP         Change         Addition           STREET ADDRESS         CTY-ST-ZIP         CHANGE         CHANGE         CTY-ST-ZIP	CITY-ST-ZIP							
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NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP	CITY-ST-ZIP			4.4 CITY - 5	iT - <b>Z</b> IP			
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NAME         6.2 NAME           STREET ADDRESS         6.3 STHEE1 ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP	CITY-ST-ZIP			5.4 CITY - S	1 - 7IP			
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CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME			6.2 NAME				
	STREET ADDRESS			6.3 STREET	ADDRESS			
	CITY-ST-ZIP							

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 concration or the receiver or trustee empresent to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if that up the concration of the concration of the receiver or trustee empresent to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if that up the concration of the concration of the concrete the

SIGNATURE:

PRESIDENT 4- 14-9

- 97 305-829-9247