

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

PROFIT
CORPORATION
ANNUAL REPORT

1997



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

DOCUMENT # P95000051913 (8)

1. Corporation Name

PECSI'S IMPORT-EXPORT, INC.

FILED

97 JUL 15 PM 2: 55

SECRETARY OF STATE



Principal Place of Business

7450 S.W. 82ND AVENUE
MIAMI FL 33143

Mailing Address

7450 S.W. 82ND AVENUE
MIAMI FL 33143-3805

2. Principal Place of Business

21 7450 SW 82nd Ave

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL 33143

Zip

24 33143

Country

25 Dade

2a. Mailing Address

26 P.O. Box 430665

Suite, Apt. #, etc.

27

City & State

28 MIAMI FL

Zip

29 33243

Country

30 Dade

3. Date Incorporated or Qualified

06/30/1995

3a. Date of Last Report

08/12/1996

4. FEI Number

APPLIED FOR 65-0747553

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional

Fee Req.

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

10. Name and Address of New Registered Agent

PECSI, ILONA
7450 S.W. 82ND AVENUE
MIAMI FL 33143

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS PECSI, ILONA
CITY-ST-ZIP 7450 S.W. 82ND AVENUE
MIAMI FL 33143

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME D P S T
1.3 STREET ADDRESS PECSI ILONA
1.4 CITY-ST-ZIP 7450 S.W. 82nd Avenue
MIAMI FL 33143

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

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 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 if changed, or on an attachment with an address.

CR2E034 (9/96)