


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

FILED  
Mar 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000059677 (1)</b>			
1. Corporation Name <b>PEXACO INTERNATIONAL CORP.</b>			
Principal Place of Business <b>1500 SAN REMO AVENUE SUITE 125 CORAL GABLES FL 33146</b>		Mailing Address <b>9795 S. DIXIE HWY MIAMI FL 33156-2806</b>	
2. Principal Place of Business 21 <b>8880 NW 18 TERR</b> State, Apt. #, etc. 22 City & State 23 <b>MIAMI FL</b> Zip 24 <b>33172</b> Country 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified <b>08/01/1995</b>		3a. Date of Last Report <b>05/01/1996</b>	
4. FEI Number <b>65-0606090</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
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 <b>ANIDO, MARTA F MS. 9795 S. DIXIE HIGHWAY MIAMI FL 33156</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME <b>P GRIFOLS ROURA, VICTOR</b> STREET ADDRESS <b>8880 NW 18 TERR.</b> CITY, ST, ZIP <b>MIAMI FL 33172</b> <input type="checkbox"/> DELETE		11.1 TITLE 12.2 NAME 13.3 STREET ADDRESS 14.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.2 NAME <b>[REDACTED]</b> STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE		21.1 TITLE 22.2 NAME 23.3 STREET ADDRESS 24.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.3 NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE		31.1 TITLE 32.2 NAME 33.3 STREET ADDRESS 34.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.4 NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE		41.1 TITLE 42.2 NAME 43.3 STREET ADDRESS 44.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.5 NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE		51.1 TITLE 52.2 NAME 53.3 STREET ADDRESS 54.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.6 NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE		61.1 TITLE 62.2 NAME 63.3 STREET ADDRESS 64.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 included 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: <b>Marta F Anido</b>		3/5/97 305-667-3500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)