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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000015988 (4)**

1. Corporation Name
PASTAL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
9400 S DADELAND BLVD SUITE 104 MIAMI FL 33156	9400 S DADELAND BLVD SUITE 104 MIAMI FL 33156-2827

3. Date Incorporated or Qualified: 02/19/1996
3a. Date of Last Report: —

2. Principal Place of Business	2a. Mailing Address
21 LISA	26 LISA
Suite, Apt. #, etc. 22 7920 S.W. 137 court	Suite, Apt. #, etc. 27 7920 S.W. 137 court
City & State 23 Miami, FL.	City & State 28 Miami, FL.
Zip 24 33183 Country 25 DADE	Zip 29 33183 Country 30 DADE

4. FEI Number: 65-0662332 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

APOTHEKER, S. MELVIN
9400 S DADELAND BLVD
SUITE 104
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: LISA Perlowitz
82 Street Address (P.O. Box Number is Not Acceptable): 7920 SW 137 ct
83
84 City: Miami FL 85 Zip Code: 33183

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 _____ 3-10-97
Signature, typed or printed name of registered agent or title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	APOTHEKER, S. MELVIN	1.2 NAME	
STREET ADDRESS	9400 S DADELAND BLVD SUITE 104	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE - Vice President	☐ Change ☒ Addition
NAME		2.2 NAME - Pastal Enterprises, Inc.	
STREET ADDRESS		2.3 STREET ADDRESS - 7920 S.W. 137 court	
CITY-ST-ZIP		2.4 CITY-ST-ZIP - Miami, FL- 33183	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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.

SIGNATURE: _____ 1-26-97 305-380-1234