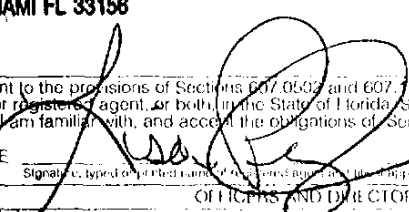
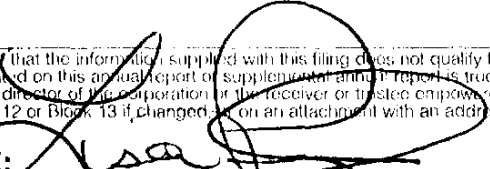


3-14-97 B-3076 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 14 1997 8:00am
Secretary of State

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 9400 S DADELAND BLVD SUITE 104 MIAMI FL 33156		Mailing Address 9400 S DADELAND BLVD SUITE 104 MIAMI FL 33156-2827	
2. Principal Place of Business 21 LISA Suite, Apt. #, etc. 22 7920 S.W. 137 COURT City & State 23 Miami, FL Zip 24 33183 Country 25 Dade		2a. Mailing Address 26 LISA Suite, Apt. #, etc. 27 7920 S.W. 137 COURT City & State 28 Miami, FL Zip 29 33183 Country 30 Dade	
9. Name and Address of Current Registered Agent APOTHEKER, S. MELVIN 9400 S DADELAND BLVD SUITE 104 MIAMI FL 33156		3. Date Incorporated or Qualified 02/19/1996 3a. Date of Last Report 02/19/1996 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	
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 officer or director (the signatory) (400) Registered Agent signature required when re-instating		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	
12. OFFICERS AND DIRECTORS TITLE D ☒ DELETE NAME APOTHEKER, S. MELVIN STREET ADDRESS 9400 S DADELAND BLVD SUITE 104 CITY-ST-ZIP MIAMI FL 33156 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 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE ☐ Change ☒ Addition 2.2 NAME Vice President 2.3 STREET ADDRESS Pastal Enterprises, Inc. 2.4 CITY-ST-ZIP 7920 S.W. 137 COURT 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition 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 supplementary 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

CR2E034 (9/96)