a FIL	E NOW: FILING FEE A	FTER MAY 1ST IS	\$ \$5	50.0	i0					
4	PROFIT ORPORATION INUAL REPORT 2000 FLORIDA DEPAR Sandra B. Secretar DIVISION OF C			ham *		SECRETARY O TALLAHASSEE.	F STATE FLORID	Α		
DOCUMENT # P96000028959 1. Corporation Name Packaging & Specialty Equipment International Inc.									•	
Principal Place of Business 2476 Coral Ridge Circle Melbourne, FL 32935 Mailing Address 2476 Coral Ridge Circle Melbourne, FL 32935 Melbourne, FL 32935						3. Date Incorporated or Qualified	WE PE	ce <i>G</i>	7-01	 -
Principal Place of Business						4. FEI Number EQ 2271755		[A	ppliesflor	1
21 26						59-3371755			ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	- 🗆	Fee R	Additional equired	
City & State City & State						Election Campaign Financing Trust Fund Contribution		\$5.00	May Be to Fees	
Zip						This corporation owes or has particular to the corporation of the corporation of the corporation owes or has particular to the corporation of the cor				-
24	25 29 30					Personal Property Tax due June 30. Yes No				
	9. Name and Address of Current	10. Name and Address of New Re	gistered Ag	ent].				
Douglass A. Person, CPA. PA 1790 Hwy A1A, Buite 211 Satellite Beach, FL 32937					lame treet Addre	ess (P.O. Box Number is Not Acceptat	ole)			
		:		84 C	ity		FL	85 Zip	Code	1
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 fahuliar with, and accept the obligations of, Section 607.0505, Florida Statutes.									1	
SIGNATURE COREST VICE						9.14.07				
	Signature typed or printed name of registered agent and title if applicable (NOTE: F				gnature require	uired when reinstating) DATE				1 8
12, TITLE	OFFICERS AND DIRECTORS VD DELETE			IITLE		ADDITIONS/CHANGES TO OFFIC		Change	Addition	┨┋
NAME	VP Rondin-Molina, Gustavo			WME	i i			-		4
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NAME				3.2 NAME		•	_	•		
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STREU ADDRESS				TREET ADOR	8555					
										1

6.3 STREET ADDRESS

☐ Change ☐ Addition

2/21/01

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY-SI-7IP

14. I 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.

DELETE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME