

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 MAY -3 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000040608

1. Corporation Name  
PECTEL INSULATIONS, INC.

Principal Place of Business  
1221 BRICKELL AVE  
9TH FLOOR, E-1  
MIAMI FL 33131  
US

Mailing Address  
P.O. BOX 330666  
MIAMI FL 33233-0666  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified	4. FEI Number	Applied For
21 2809 BIRD AVENUE	26	05/10/1996	65-0667842	Not Applicable
22 #132	27 Suite, Apt. #, etc.	5. Certificate of Status Desired		\$8.75 Additional Fee Required
23 COCONUT GROVE, FL	28 City & State	<input type="checkbox"/>		\$5.00 May Be Added to Fees
24 33133	29 Zip Country	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>
25 USA	30	8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
MARGOLIS, JOHN A  
8990 S.W. 77TH AVENUE  
SUITE 330  
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name	PETER E MITCHELL
82 Street Address (P.O. Box Number is Not Acceptable)	2809 BIRD AVENUE
83	#132
84 City	COCONUT GROVE FL
85 Zip Code	33133

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: PETER MITCHELL  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.)  
DATE: 4/28/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, PETER E	1.2 NAME	
STREET ADDRESS	1221 BRICKELL AVE, 9TH FLOOR, E-1	1.3 STREET ADDRESS	2809 BIRD AVENUE, #132
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	900003280839
STREET ADDRESS		3.3 STREET ADDRESS	-06/08/00--01016--001
CITY-ST-ZIP		3.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: PETER MITCHELL  
Signature and typed or printed name of signing officer or director  
DATE: 4/28/99 (305) 285-6776