

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 OCT -9 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000073204 (5)

1. Corporation Name
P.C.I. INVESTMENT CORP.



Principal Place of Business
544 ABERDEEN AVENUE
WOODRIDGE, ONTARIO L4L 4L6 CA

Mailing Address
544 ABERDEEN AVENUE
WOODRIDGE, ONTARIO L4L 4L6 CA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 544 ABERDEEN AVENUE		26 544 ABERDEEN AVENUE		09/04/1996			
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 Winter Park, Florida		59-3470871		Not Applicable	
24 Zip		29 32789-7313		5. Certificate of Status Desired		8.75 Additional Fee Required	
Country		30 U.S.A.		6. Election Campaign Financing		5.00 May Be Added to Fees	
				Trust Fund Contribution		8. This corporation owes or has paid the current year Intangible	
						Personal Property Tax due June 30. Yes No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DOWNING, GRANT T		81 Name	
222 WEST COMSTOCK AVENUE		82 Street Address (P.O. Box Number is Not Acceptable)	
SUITE 101		83	
WINTER PARK FL 32789		84 City	
		FL 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 _____
Signature, typed or printed name of registered agent and 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	1.1 TITLE	
NAME	GALVANO, LEONARDA	1.2 NAME	
STREET ADDRESS	544 ABERDEEN AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WOODRIDGE, ONTARIO L4L 4L6 CA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	PIRUZZA, CLAUDIO	2.2 NAME	
STREET ADDRESS	544 ABERDEEN AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WOODRIDGE, ONTARIO L4L 4L6 CA	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: _____ SIGNATURE: _____

CR2E034 (4/97)