

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.)

FILED

Sep 17 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 # P96000080186 (5)

1. Corporation Name
PC'S F, USA, INC.



Principal Place of Business

Mailing Address

12670 S.W. 146TH STREET
MIAMI FL 33186

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MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/25/1996
3a. Date of Last Report

4. FEI Number 65-0704960
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 9655 S. DIXIE HWY

2a. Mailing Address
26 9655 S. DIXIE HWY

Suite, Apt. #, etc.
22 #310

Suite, Apt. #, etc.
27 #310

City & State
23 MIAMI, FL

City & State
28 MIAMI, FL

Zip Country
24 33156 25 DADE

Zip Country
29 FL 33156 30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARNAR, ANDREW C
9655 S. DIXIE HIGHWAY
SUITE 312
MIAMI FL 33156

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNARD, ANDREW C	1.2 NAME	
STREET ADDRESS	9655 S. DIXIE HIGHWAY SUITE 312	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33156	1.4 CITY - ST - ZIP	
TITLE	President-Director	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlos Galarza	2.2 NAME	
STREET ADDRESS	9655 S. DIXIE HWY #310	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL. 33156	2.4 CITY - ST - ZIP	
TITLE	V.P.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTO GALARZA	3.2 NAME	
STREET ADDRESS	9655 S. DIXIE, #310	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL. 33156	3.4 CITY - ST - ZIP	
TITLE	SEC. TREASURER	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDO GALARZA	4.2 NAME	
STREET ADDRESS	9655 S. DIXIE HWY #310	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL. 33156	4.4 CITY - ST - ZIP	
TITLE		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		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 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.

CR2E034 (4/97)