

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 AUG -4 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000098886 (0)**

1. Corporation Name

PCD INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**3601 N.E. 207TH STREET
#1215
AVENTURA FL 33180**

**3601 N.E. 207TH STREET
#1215
AVENTURA FL 33180**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/05/1996

4. FEI Number

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REGA, PETER A
3601 N.E. 207TH STREE
#1215
AVENTURA FL 33180**

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 **P** ☐ DELETE

NAME **PETER A. REGA**
STREET ADDRESS **3601 NE 207TH ST #1215**
CITY-ST-ZIP **AVENTURA FL 33180**

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

1.1 TITLE **V** ☐ Change ☒ Addition

1.2 NAME **CAROLYN T. FORTE**
1.3 STREET ADDRESS **13130 CRISTAL D'ARQUES DR**
1.4 CITY-ST-ZIP **TPG FL 33410**

2.1 TITLE **S** ☐ Change ☒ Addition

2.2 NAME **DANIELLE FORTE**
2.3 STREET ADDRESS **3601 NE 207TH ST APT 1215**
2.4 CITY-ST-ZIP **AVENTURA FL 33180**

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

000002264060-1
-08/11/97-01177-009
******165.00 ****165.00**

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)

1

(2)

Date: July 17, 1997

To: FLA. STATE Division of Corporations
Annual Reports Section

From: Peter A. Segal

3601 NE 207th ST APT 1215

ADVENTURA FL 33180

PCD INTERNATIONAL INC.

On July 16, 1997 I received a second notice
for Corp. Annual Report requesting \$165 plus
a late fee of \$385. This is the first notice
received for this fee and I immediately
called (407) 488-9000 and spoke w/ Joanna.
She informed me to write this letter stating
that this is my first notice received
and that the \$385 late fee should be
waived. I am requesting this measure
with all due honesty and assure you
that all statements are accurate and true.

Thank You kindly.

Peter A. Segal