

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90040 046 \*\*\*150.00

DOCUMENT # P96000098886

1. Corporation Name  
PCD INTERNATIONAL, INC.

Principal Place of Business

343-6 IVES DAIRY RD  
N. MIAMI FL 33179  
US

Mailing Address

343-6 IVES DAIRY ROAD  
N. MIAMI FL 33179  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1996

4. FEI Number

NOT APPLICABLE

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 the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 1408 Rodman ST.  
Suite, Apt. #, etc.

2a. Mailing Address

26 1408 Rodman ST.  
Suite, Apt. #, etc.

22 Hollywood FLA

27 Hollywood FLA

23 33020 U.S.A.

28 33020 USA

24 Zip Country

29 Zip Country

25 26 27 28 29 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name REGA, PETER A.  
82 Street Address (P.O. Box Number is Not Acceptable)  
1408 Rodman ST  
83  
84 City Hollywood FL 85 Zip Code 33020

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]*

4-20-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME REGA, PETER A  
STREET ADDRESS 343-6 IVES DAIRY RD  
CITY-ST-ZIP N. MIAMI FL 33179

TITLE V ☐ DELETE  
NAME REGA, LISA A.  
STREET ADDRESS 343-6 IVES DAIRY RD  
CITY-ST-ZIP N. MIAMI FL 33179

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☐ Addition  
1.2 NAME REGA, PETER A.  
1.3 STREET ADDRESS 1408 Rodman STREET  
1.4 CITY-ST-ZIP Hollywood FLA 33020

2.1 TITLE V ☐ Change ☐ Addition  
2.2 NAME REGA, LISA A.  
2.3 STREET ADDRESS 1408 Rodman STREET  
2.4 CITY-ST-ZIP Hollywood FLA 33020

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

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

954-921-0205

Daytime Phone #

CR2E034 (11/98)