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**

DOCUMENT # P97000052129

1. Corporation Name

PACIFIC MARKETING INTERNATIONAL U.S.A., INC.

	•							
Principal Place of Business Mailing Address						- 1 (0\$1(#X) (0 0x) (##); 00(1 60() 00) (##)	JI - 01710 14001 11040 1	
18 HARBOUR RD. 18 HARBOUR RI WANCHAI, HONG KONG WANCHAI, HONG						DO NOT WRITE IN THIS SPACE		
OC		OC				3. Date Incorporated or Qualifed 06/12/1997		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Api	plied For
21	26					65-0769173	No	t Applicable
Suite Apt #, etcSuite Apt #, etc						5. Certificate of Status Desired	\$8.75.A	Additional
22	27.					5. Certificate of Status Desired	Fee Re	quired
City & State	State City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	, 1
Zip	Country	Zip	F ' F			This corporation owes the current year I Personal Property Tax.		□No
24	9. Name and Address of Curren	29 Agent	[30]	· ·		10. Name and Address of New Registere		
-	5. Haille and Address of Curren	it registered Agent		81	Name	15. 142110 214 7441000 01 110 110 75		
HOOD, PHILLIP								
901 SW MARTIN DOWNS BLVD.				82 Street Address (P.O. Box Number is No		ss (P.O. Box Number is Not Acceptable)		
PALIV	1 CITY FL 34990			83		•		
	-			Ш				
, <u>.</u> '	-	•		84	City	_ · F	85 Zip C	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						when reinstation) DATE		
12,	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE ID DIRECTORS	: Registered	Agent	t signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D OFFICERS AN	DELETE	1.1 TT	n e		ADDITIONO/ONANOES TO OTT TOERS	☐ Change	Addition
NAME .	MOHUNDRO, GLENN	<u> </u>	1.2 NA			. •		_
STREET ADDRESS	20TH FL., STE. 2001, 18 HARBOUR RD.				ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP				1
TITLE	D DELETE		_	2.1 TITLE			Change	☐ Addition
NAME	-		2.2 NA	ME	j			1
STREET ADDRESS	AATH EL ATE AAAA IA HADDAHD DD			REET	ADDRESS			
CITY-ST-ZIP				Z.4 CITY ST-ZIP				
TILE		☐ DELETE	3.1 ∏				☐ Change	☐ Addition
NAME			3.2 NA	ME		_		
STREET ADDRESS			3.3 ST	REET	ADDRESS			
CITY-ST-ZIP.			3.4. C	∏Y∙S1	T-ZIP			
TITLE		☐ DELETE	4.1 TI	TLE			☐ Change	☐ Addition
NAME .			4. 2 N	AME				
STREET ADDRESS			4.3 ST	REET	ADDRESS			
CITY-ST-ZIP			4.4 CI	TY-ST	-ZIP			
TITLE				3 TITLE			☐ Change	Addition
NAME			5.2 NA					
STREET ADDRESS			5.3 ST	REET	ADDRESS			
CITY-ST-ZIP.			_	TY-ST	-ZIP	-		
TITLE		☐ DELETE	6.1 ⊞				☐ Change	Addition
NAME			6.2 NA			•		
STREET ADDRESS			6.3 ST	REET	ADDRESS			
CITY-ST-ZIP			6.4 CI	TY-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:

CITY-ST-ZIP

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90004 006 ***150.00