

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000083165 (5)
 1. Corporation Name
PECA INVESTIGATIONS, INC.



Principal Place of Business 4338 S.W. 8TH STREET MIAMI FL 33134	Mailing Address 4338 S.W. 8TH STREET MIAMI FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 841 W JO ST.		2a. Mailing Address 841 W JO ST.		3. Date Incorporated or Qualified 09/25/1997	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0797340	
22 City & State HALEAH FL		27 City & State HALEAH FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip 33012		29 Zip 33012		Country USA	
24		25		28	
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

TRIGO, ALBERTO
4338 S.W. 8TH STREET
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name **ALEC MORCADE**

82 Street Address (P.O. Box Number is Not Acceptable)
841 W JO ST.

83

84 City **HALEAH** **FL** 85 Zip Code **33012**

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: *Alec Morcade* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TRIGO, ALBERTO	
STREET ADDRESS	4338 S.W. 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ALEC MORCADE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PRESIDENT	
1.3 STREET ADDRESS	841 W JO ST.	
1.4 CITY-ST-ZIP	HALEAH FL 33012	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Alec Morcade* 1/15/98

CR2E034 (10/97)