SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

WWOOM1 DO	C OR OK DELOKE 03130136. \$330 (IF DIGG.	DEVED, MINIMON AMOUNT DOE I	O REIN	SIAIC. P	50).	_	8
COF ANNU	PROFIT RPORATION JAL REPORT	FLORIDA DEPART Sandra B. I Secretary	Morti	am T	re .		
1998 DIVISION OF CORPORATION						98 NOV -3 AM 10: 27	
DOCUMENT # P97000091401 (4)						SECRETARY OF STATE TALLAHASSEE, FLORIDA	
PB/BA INTERNATIONAL, INC.							
Principal Place of Business Mailing Address							
277 ROYAL POINCIANA WAY 277 ROYAL POINCIANA WAY PALM BEACH FL 33480 PALM BEACH FL 33480			•				
TALM BERON PE 50400						DO NOT WRITE IN THIS SPACE	_
						3. Date Incorporated or Qualified	7
Principal Place of Business						10/23/1997 4. FEI Number (Applied For	-
21		26				650 +9- 168 Not Applicable]
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired See Required	}
City & Stat	te	City & State				6. Election Campaign Financing \$5.00 May Be	1
23		28				Trust Fund Contribution Added to Fees	
Zip	Country 25	Zip 3	ຸ Cou	ntry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24 25 29 30 9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent	_
MALLARDI, VINCENT				81 Name			
277 ROYAL POINCIANA WAY				82 Street Address (P.O. Box Number is Not Acceptable)			7
PALM BEACH FL 33480				83)			-
				84 City		85 Zip Code	4
						FL	_
11. Ressuant 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 a			ed Agent sig	nature requi	red when reinstating) DATE	1 6
12.	OFFICERS AND DIRECTORS DELETE			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2/3
NAME	LEHMANN, FRANK R SECKEY		1.2 NA			Change Addition	8
STREET ADDRESS	17 PAUL REVERE LN.	JUGEUM. 7	1.3 STF	1.3 STREET ADDRESS		-11/12/9801075004	CRZE034 (5/98)
CITY-ST-ZIP	CENTERPORT NY 11721		1.4 CITY-ST-ZIP			****\$50.00 <u>****</u> \$50.00	- 8
TITLE NAME	MALLARDI, VINCENT 277 ROYAL POINCIANA WAY PALM REACH FL 33480		2.1 TITLE			Change Addition	
STREET ADDRESS				REET ADDRES	ss (
CITY-ST-ZIP			2.4 CITY-ST-ZIP				_
TITLE NAME	D REAS DELETE		3.1 TITLE 3.2 NAME			Change Addition	
STREET ADDRESS	JACO SETOLICI ALC COOL TIDOON DAY		3.3 STREET		is		
CITY-ST-ZIP	PT. ST. LUCIE FL 34952		3.4 CITY-ST-ZIP				_
NAME.	MERRY FRANCEN EXECUTE		4.1 TITLE 4.2 NAME			Change Addition	
STREET ADDRESS	21+ KNYAC TOING	iva way"	MY " AZ OTDEET ADDOES		is		
CITY-ST-ZIP	PALM BEACH FL 33480		4.4 CITY-ST-ZIP				_
TITLE	DELETE		5.1 TITLE			Change Addition	1
NAME STREET ADDRESS	200		5.2 NAME				
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP				}
TITLE	DELETE			6.1 TITLE		Change Addition	7
NAME				6.2 NAME		7 Miles Ma	
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS* 6.4 CITY-ST-ZIP		s ~	5. 1116198 M	
	ertify that the information supplied with the	is filing does not qualify for the		in section	ion 119.07(3)(i), Florida Statutes. I further certify that the information	1	
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 of strue 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 of the freediver 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 charged, or lost an attachment with an address.							
William de la constante de la							
SIGNATURE: XIGN MULLUS SIGNATURE: XIGNATURE: XIGN MULLUS SIGNATURE: XIGN MULLUS SIGNATUR							