

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

0268736

PROFIT CORPORATION ANNUAL REPORT 1999

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



FILED
 FEB 28 01:12:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000034769**

1. Corporation Name
PCMANIA INC.



Principal Place of Business
**3130 N.W. 7TH STREET
 MIAMI FL 33125**

Mailing Address
**6151 S.W. 156TH COURT
 MIAMI FL 33193**

DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified
04/16/1998
- 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 the current year Intangible Personal Property Tax Yes No
- 10. Name and Address of New Registered Agent

2. Principal Place of Business

21 **2400 NW 16 ST RD.** 2a. Mailing Address **2400 NW 16 ST RD.**
 Suite, Apt #, etc. Suite, Apt #, etc.

22 **204** 27 **204**
 City & State City & State

23 **Miami, FL** 28 **Miami, FL**
 Zip Country Zip Country

24 **3312** 25 **USA** 29 **33125** 30 **USA**

9. Name and Address of Current Registered Agent

**GOMEZ, PEDRO H
 6151 S.W. 156TH COURT
 MIAMI FL 33193**

81 Name **EDDY MONTALVO**
 82 Street Address (P.O. Box Number is Not Acceptable) **2400 NW 16 ST RD.**
 83 **# 204**
 84 City **Miami** FL 85 Zip Code **33125**

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 *Eddy Montalvo*

DATE (Required if Agent signature used otherwise, none)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GOMEZ, PEDRO H
STREET ADDRESS	6151 S.W. 156TH COURT
CITY-ST-ZIP	MIAMI FL 33193
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	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	EDDY MONTALVO
13 STREET ADDRESS	2400 NW 16 ST RD
14 CITY-ST-ZIP	MIAMI FL 33125
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

100002859721--8
 -05/03/99--01009--023 Addition
 ****150.00 ****150.00

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: *Eddy Montalvo*

4/27/99 305-898-7175

CR2E034 (1/1/98)