


FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90082 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																													
DOCUMENT # P98000037108																																																																	
1. Corporation Name PAS CAPS, INC.																																																																	
Principal Place of Business 16251 N.W. 54TH AVENUE MIAMI FL 33014			Mailing Address 16251 N.W. 54TH AVENUE MIAMI FL 33014																																																														
DO NOT WRITE IN THIS SPACE																																																																	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country																																																														
3. Date Incorporated or Qualified 04/23/1998			4. FEI Number 59-3517025																																																														
5. Certificate of Status Desired <input type="checkbox"/>			Applied For Not Applicable																																																														
6. Election Campaign Financing <input type="checkbox"/>			\$8.75 Additional Fee Required																																																														
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			\$5.00 May Be Added to Fees																																																														
9. Name and Address of Current Registered Agent BERMAN, SAM 16251 N.W. 54TH AVENUE MIAMI FL 33014			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE																																																																	
12. OFFICERS AND DIRECTORS																																																																	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99 305 624 9666
 Date Daytime Phone

CR2E034 (1/98)