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

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90267 008 ***150.00

DOCUMENT # P98000066356

1. Corporation	n Name					
PACIFIC	VAN LINES, INC.					
Principal Place of Business Mailing Address						
5201 SW 31ST	AVE #106	5201	SW 31ST AVE #106			
FT LAUDERDALE FL 33312-6922 FT LAUDERDALE FL 33312-6922						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						07/29/1998
2. Principal Place of Business 2a. Mailing Address						4 FFI Number Applied For
21			26			65-0854273 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc			uite, Apt. #, etc.			5. Certificate of Status Desired 38.75 Additional
22 27						5. Certificate of Status Desired Fee Required
			ity & State	State		6. Election.Campaign Financing - \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zi	Country		у	8. This corporation owes the current year Intangible
24	25	29		30		Personal Property Tax. Yes No
	9. Name and Address of Curr	ent Register	ed Agent			10. Name and Address of New Registered Agent
MAD	AVOCE DODON			8	Name	
KARAYOFF, DORON					2 Street A	ddress (P.O. Box Number is Not Acceptable)
5201 SW 31ST AVE #106					ļ	
FIL	AUDERDALE FL 33312-6922			8:	3	
				8-	4 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.	1508, Florida Statutes	s, the abo	ve-named o	orporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida.	Such change was aut	horized b	y the corpor	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered a				ent signature req	quired when reinstating) DATE
12.			13.	Ī	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE			☐ DELETE	1.1 TITLE		PRES IDENT DIRECTOR Change Addition
NAME				1.2 NAME		ORON KARAJON 37.
STREET ADDRESS					ET ADDRESS	FT. LMAERAME, FL 83312
CITY-ST-ZIP			□ pereze	1.4 CITY-		Change Addition
TITLE			☐ DELETE	2.1 TITLE		E change I Addition
NAME				2.2 NAME		
STREET ADDRESS				2.3 STRE	ET ADDRESS	
CITY-ST-ZIP			2. 4 CITY		☐ Change ☐ Addition	
TITLE		_ <u> </u>		31 TITLE	~	Detailige Dividuoi
NAME				3 2 NAME		
STREET ADDRESS					ET ADDRESS	
CITY-ST-ZIP				3.4 CITY		☐ Change ☐ Addition
TITLE			☐ DELETE	4.1 TITLE	j	
NAME	1			4. 2 NAM	Ε Ι	

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, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

☐ DELETE

☐ Change

Change

Addition

Addition