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May 18, 2000 8:00 am
Secretary of State
04-20-2000 90082 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P98000104184**
Corporation Name
P.A.C. INTERNATIONAL COURIER & CARGO, CORP.

Principal Place of Business
1 SW 8TH ST #3
MI FL 33144

Mailing Address
6601 SW 8TH ST., #3
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

Principal Place of Business
1421 SW 67TH AVE #29
Suite, Apt. #, etc.
MIAMI FL
City & State
33144 USA
Zip Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29 30

3. Date Incorporated or Qualified
12/14/1998

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

9. Name and Address of Current Registered Agent

CASTORANI, PEDRO A
6601 SW 8TH ST., #3
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name CASTORANI, Pedro A.
82 Street Address (P.O. Box Number is Not Acceptable) 1421 SW 67TH AVE #29
83 MIAMI
84 City FL 85 Zip Code 33144

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 required of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
P ☐ DELETE ASTAIZA, LIDAIRENE G 1623 NE 163RD ST. N. MIAMI FL 33162	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP ☐ Change ☐ Add
☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP ☐ Change ☐ Add
☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP ☐ Change ☐ Add
☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP ☐ Change ☐ Add
☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP ☐ Change ☐ Add
☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP ☐ Change ☐ Add

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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an