

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S11207 (5)

1. Corporation Name

SOUTH PACIFIC CORPORATION



Principal Place of Business

Mailing Address

170 OCEAN LANE DRIVE
APT. 603
KEY BISCAYNE FL 33149-1541

170 OCEAN LANE DRIVE
APT. 603
KEY BISCAYNE FL 33149-1541

3. Date Incorporated or Qualified
10/25/1990

3a. Date of Last Report
05/01/1995

4. FEI Number

65-0289160

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 has liability for intangible tax under s. 199.032
Florida Statutes

Yes ☐ No ☒

2. Principal Place of Business

2a. Mailing Address

21 170 Ocean Lane Drive

26 170 Ocean Lane Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Apt. 803

27 Apt. 803

City & State

City & State

23 Key Biscayne, FL

28 Key Biscayne, FL

Zip Country

Zip Country

24 33149

29 33149

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REYNA, GISELLA
170 OCEANLANE DRIVE
APT 603
KEY BISCAYNE FL 33149

81 Name
SANTIVANEZ, GISELLA

82 Street Address (P.O. Box Number is Not Acceptable)

170 Ocean Lane Drive

83 Apt. 803

84 City
Key Biscayne

FL 85 Zip Code
33149

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 and affixed to page 2 if applicable

(NOTE: Registered Agent signature required when terminating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME D
STREET ADDRESS REYNA, RICARDO
CITY-ST-ZIP 170 OCEAN LANE DR.
KEY BISCAYNE FL

TITLE
NAME S
STREET ADDRESS GISELLA REYNA
CITY-ST-ZIP 170 OCEAN LANE DRIVE, APT #603
KEY BISCAYNE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS 170 Ocean Lane Drive, Apt. 803
14 CITY-ST-ZIP Key Biscayne, FL 33149

21 TITLE
22 NAME
23 STREET ADDRESS Gisella Santivanez
24 CITY-ST-ZIP 170 Ocean Lane Drive, Apt. 803
Key Biscayne, FL 3349

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Ricardo Reyna, Director

8/1/96

(305) 361-9788

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)