

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S32448** (0)
1. Corporation Name
PA INSTRUMENTS, INC.



Principal Place of Business 1150 NORMANDY DR SUITE 2 MIAMI BEACH FL 33141	Mailing Address 1150 NORMANDY DR SUITE 2 MIAMI BEACH FL 33141
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/15/1991		3a. Date of Last Report 02/13/1996	
4. FEI Number 65-0240645		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 1177 NE 79th St Suite, Apt. #, etc.		2a. Mailing Address 26 1177 NE 79th St Suite, Apt. #, etc.	
23 Miami FL City & State		28 Miami FL City & State	
24 33138 Zip		29 33138 Zip	
25 FL Country		30 FL Country	

9. Name and Address of Current Registered Agent
**PEREZ, RAMON
1150 NORMANDY DR
SUITE 2
MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent	
81 Name Ramon Perez	82 Street Address (P.O. Box Number is Not Acceptable) 941 NE 24 Ave
83	
84 City Hallandale	85 Zip Code 33009

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 **Ramon Perez Pres.** DATE **8/11/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PEREZ, RAMON		1.2 NAME Ramon Perez	
STREET ADDRESS 1150 NORMANDY DR #2		1.3 STREET ADDRESS Hallandale FL 33009	
CITY-ST-ZIP MIAMI BEACH FL		1.4 CITY-ST-ZIP FL 33009	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE Arancibia Hugo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARENCIBIA, HUGO		2.2 NAME Hallandale	
STREET ADDRESS 1150 NORMANDY DR #2		2.3 STREET ADDRESS FL 33009	
CITY-ST-ZIP MIAMI BEACH FL		2.4 CITY-ST-ZIP FL 33009	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE **Ramon Perez** **8/11/97**

CR2E034 (4/97)