

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S48844** (2)

1. Corporation Name
PESIX, INC.



Principal Place of Business

**8126 BENRUS STREET
SUITE 4
ORLANDO FL 32827
US**

Mailing Address

~~P.O. BOX 530525~~
~~ORLANDO FL 32859-3525~~

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 **3501 W. Vine Street**

Suite, Apt. #, etc.

27 **280**

City & State

28 **Kissimmee, Florida**

Zip

29 **34741**

Country

30 **Florida**

3. Date Incorporated or Qualified
04/23/1991

3a. Date of Last Report
07/21/1995

4. FEI Number
59-3117034

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

9. Name and Address of Current Registered Agent

~~ALVARADO, EFRAIN~~
~~8706 KENNEDY COVE~~
~~10624 VINEYARD STREET, SUITE 304D~~
~~ORLANDO FL 32819~~

10. Name and Address of New Registered Agent

81 Name **PABLO J. SANTOS**

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

83 **125 Delaware Woods Ct**

84 City **Orlando**

FL

85 Zip Code
32824

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
ALVARADO, EFRAIN
10624 VINEYARD STREET APT. 304D
ORLANDO FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**President/Director
Jesus M. Zambrana
Calle 10 C15 La Milagrosa
Bayamon, P.R. 00959**

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**Treasurer
Miguel A. Zambrana
Calle 10 C15 La Milagrosa
Bayamon, P.R. 00959**

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**SECRETARY
INDICES GRIFF
3904 ATRIUM
ORLANDO FL 32822**

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Day/Mo/Yr

CR2E034 (12/95)