

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY - 1 PM 2: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V43782 (4)

1. Corporation Name
ALL PACIFIC INVESTMENTS INC.

Principal Place of Business Mailing Address
8500 W FLAGLER ST SUITE B-208 MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/16/1992** 3a. Date of Last Report **04/15/1994**

4. FEI Number **65-0341611** 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. 199.0332, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **8500 W. FLAGLER ST**
Suite, Apt. #, etc. **A-101**
22 **MIAMI, FL.**
City & State
23 **33144** **U.S.A**
Zip County

9. Name and Address of Current Registered Agent
PINO, AURELIO N
8500 W FLAGLER ST
SUITE B-208
MIAMI FL 33144

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **8500 W. FLAGLER ST**
83 **SUITE A-101**
84 City **MIAMI, FL** 85 Zip Code **33144**

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PINO, AURELIO N
STREET ADDRESS	8500 W FLAGLER ST #B-208
CITY ST ZIP	MIAMI FL
TITLE	VD
NAME	PRADO, MARY T.
STREET ADDRESS	8500 W FLAGLER ST #B-208
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D.P. AURELIO PINO <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	AURELIO PINO
13 STREET ADDRESS	8500 W. FLAGLER ST. A-101
14 CITY ST ZIP	MIAMI, FL. 33144
21 TITLE	U.P. PRADO, MARY T. <input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	PRADO, MARY T.
23 STREET ADDRESS	8500 W. FLAGLER ST. A-101
24 CITY ST ZIP	MIAMI, FL. 33144
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)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: _____ DATE: **04-26-95**