

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # V 43782 (4)

1. Corporation Name

All Pacific Investments Inc.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified 06-16-92
3a. Date of Last Report 04-26-95

2. Principal Place of Business
21 3181 S.W. 140 Ave.
22 Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box 655146
27 Suite, Apt. #, etc.

4. FEI Number 65-0341611
Applied For Not Applicable

23 City & State Miami Fl.

28 City & State Miami Fl.

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 33175 25 Country U.S.A.

29 Zip 33265 30 Country U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PINO, AURELIO N.
8500 W. FLAGLER ST.
SUITE B-208
MIAMI FL. 33144

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3181 S.W. 140 AVE.
83
84 City MIAMI FL 85 Zip Code 33175

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

(If 212) Registered Agent Signature (required via e-filing)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	P/D	<input type="checkbox"/> DELETE
NAME	Pino Aurelio	
STREET ADDRESS	8500 West Flagler St A-101	
CITY-ST-ZIP	Miami Fl. 33144	
TITLE	V.P.	<input checked="" type="checkbox"/> DELETE
NAME	Prado Mary	
STREET ADDRESS	8500 West Flagler St A-101	
CITY-ST-ZIP	Miami Fl. 33144	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	3181 S.W. 140 AVE	
14 CITY-ST-ZIP	Miami Fl. 33175	
21 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Pino George	
23 STREET ADDRESS	3181 S.W. 140 AVE	
24 CITY-ST-ZIP	Miami Fl. 33175	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	600001796566	
44 CITY-ST-ZIP	04/26/96-01001-01A	
51 TITLE	***200.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

Aurelio Pino

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-31-96

(305) 352-5852

CR2E034 (12/95)

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