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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

V57482

(4)

PYRAMID CLASSICS, INC.



Principal Place of Business Maining Address					
10816 N. KENDALL DR.: SUITE R-18 10816 N. KENDALL MIAMI FL 33176 MIAMI FL 33176			R SUITE R-18		
MICHITE OVI		4	ı	3. Date incorporated or Qualified	3a. Date of Last Report
				08/14/1992	09/28/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
603 F	E. OUNDERSEN DR.	26 603 E. CL	INDERSEN DR	65-0421562	Not Applicable
Suite, Apt. #, etc. 22 SUITE 304 City & State 23 CAROL STREAM , IL. 28 CAROL STREA				5. Certificate of Status Desired	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
				Election Campaign Financing Trust Fund Contribution	
Zip 6018	Country 25 U.S.A	Zφ 29 60188	Country 30 以 . ち . 人		. □ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New F	Registered Agent
			81 Name		
MARTINEZ, CARMENCIA D 82 Street Addr				ress (P.O. Box Number is Not Acceptable)	
10816 N. KENDALL DR., APT. R-18 MIAMI FL 33176					
			83		
			84 City		FL 85 Zip Code
				oration submits this statement for the pu	
	h, and accept the obligations of Sections of Sections of Sections of Sections of the section of the			of when the stable;	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1 11 ILE		Change Addition
NAME	MARTINEZ, JAIRO J.		1.2 NAME		
STREET ADDRESS	10816 N. KENDALL DR., APT.	R-18	1.3 \$18667 ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CHY+S1-ZIP		
TITLE	0	DELETE	2 TITLE		Change . Addition
NAME	MARTINEZ, CARMENCITA		2.2 NAME		
STREET ADDRESS	10816 N. KENDALL DR. APT.	R-18	2.3 STHEET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		2.4.C:1Y-ST: ZIP		Change Addition
TITLE		DELETE	3 1 1/1(f		El cuarge El Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4 CITY - ST - ZIP 4.1 TILLE		Change Addition
TITLE		☐ osten	4 Z NAME		
NAME			4.3 STREET ADDRESS		
STREET ADDRESS			4.4.011 Y - S1 - ZIF		
CHTY - ST-ZIP		DELETE	5 1 1 l'LF		☐ Change ☐ Additio
TITLE NAME			5.2 NAME		
			5 3 STREET ADDRESS		
STREET ADORESS			5.4 C(1) y - S1 - Z(P		
CITY-ST-ZIP TIFLE		DELETE	6 1 TILE		Change Additio
NAME			6.2 NAME		
			6.3 STREET ADDRESS		
CLULT TUUDECC					
STREET ADDRESS CITY-ST-ZIP			64 CITY - ST - ZIP	for the exemption stated in Section 11	

oath; that I am an officer or director of the corporal prior the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statute appears in Block 12 or Block 13 if changed, or on an attaching; with an address.

SIGNATURE:

04/23/96