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Apr 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **V57482** (4)  
1. Corporation Name  
**PYRAMID CLASSICS, INC.**

Principal Place of Business Mailing Address  
**603 E GUNDERSEN DR**  
**STE 304**  
**CAROL STREAM IL 60188**  
**US**

3. Date Incorporated or Qualified **08/14/1992** 3a. Date of Last Report **05/01/1996**  
4. FEI Number **65-0421562** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 **655 OSWEGO DR.** 26 **655 OSWEGO DR.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 **CAROL STREAM IL.** 28 **CAROL STREAM IL.**  
Zip Country Zip Country  
24 **60188** 25 **U.S.A** 29 **60188** 30 **U.S.A**

9. Name and Address of Current Registered Agent  
**MARTINEZ, CARMENCIA D**  
**10816 N. KENDALL DR., APT. R-18**  
**MIAMI FL 33176**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTINEZ, JAIRO J.</b>	1.2 NAME	<b>MARTINEZ, JAIRO J.</b>
STREET ADDRESS	<b>10816 N. KENDALL DR., APT. R-18</b>	1.3 STREET ADDRESS	<b>655 OSWEGO DR.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>CAROL STREAM, IL. 60188</b>
TITLE	<b>O</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>O</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTINEZ, CARMENCITA</b>	2.2 NAME	<b>MARTINEZ, CARMENCITA</b>
STREET ADDRESS	<b>10816 N. KENDALL DR. APT. R-18</b>	2.3 STREET ADDRESS	<b>655 OSWEGO DR.</b>
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	2.4 CITY-ST-ZIP	<b>CAROL STREAM, IL. 60188</b>
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**

**04/18/97**

**(630) 2609624**

0491974

CR2E034 (9/96)