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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

DIVISION OF CORPORATIONS

1996

V62104 **DOCUMENT #** 

(7)

STREET ADDRESS

PACKO INTERNATIONAL, INC.

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Principal Place of Business Mailing Address											
1233 NORTHEAST 16TH AVENUE			1919 GLYNN AVE								
FORT LAUDERDALE FL 33304			BLDG 46-B								
			Brunswick ga 31520 Us			Ī	3. Date Incorporated or Qualified 3a. Date of 09/04/1992 03/			of Last Report 1/21/1995	
2. Principal Plac	ce of Business	2a.	Mailing Address					4. FEI Number			Applied For
21		26					58-2019300 No			Not Applicable	
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired	See Required			
City & State			City & State				6. Election Campaign Financing \$5.00 May Be				
23		28	8			Trust Fund Contribution Added to Fees			ed to Fees		
Zıp	Zip Country		Z/p Country				8. This corporation has liability for intangible tax under s. 199.032				
24	25 29			30	30			Florida Statutes Yes No			
	9. Name and Address of Curr	ent Regist	lered Agent			T	<u>.</u>	10. Name and Address of New F	egistered	Agent	
F: F: 85.16	0 0100V411 0 ELEMINO D.A.				81	Name					
	G, O'BRYAN & FLEMING P.A.				82	Street	treet Address (P.O. Box Number is Not Acceptable)				
500 EAST BROWARD BLVD. SUITE 1700					83						
	AUDERDALE FL 33394										
	TOPE I DI TOPE I				84	City			F	85 2	ip Code
or registere familiar with SIGNATURE	ad agent, or both, in the State of Fi h, and accept the obligations of, Se	orida Such ection 607.0	i change was authoriz 0505, Florida Statute:	zed by the i	corp	oration's	board (	on submits this statement for the purifications. I hereby accept the app	ontment a	is registere	d agent. Fanı
12.	OFFICERS A			13.				ADDITIONS/CHANGES TO OFF	ICERS AN	ID DIRECT	ORS IN 12
TITLE	D		☐ DELFTE	1 1 1	TITLE		]			☐ Change	Addition
NAME	PACKO, JOSEPH J.			12 N	MAI						
STREET ADDRESS	1233 N.E. 16TH AVENUE			135	TREF	F ADDRESS					
CITY-ST-ZIF	FORT LAUDERDALE FL					ST ZIP					
TITLE			CELETE	2 1	TH_E					☐ Change	☐ Addition
NAME				22 N							
STREET ADDRESS						LADURESS					
CITY - ST - ZIP			DELETE			ST ZIP	ļ			Change	Addition
TITLE			Поше	3 1						Change	
NAME.				32 N		L'ADDRESS					
STREET ADDRESS							1				
CITY - ST - ZIP TITLE			☐ DELETE	4 1		ST - ZIP	ł			Change	Addition
NAME			<b>(</b> )		NAME						
STREET ADDRESS						* AUDRESS					
CITY-ST-ZIP						\$1 - ZIP					
TITLE			☐ DELETE		TrT. F					[] Change	Addition
NAME				521	MAME						
STREET ADDRESS				533	S 18EE	T ADORESS					
CITY-ST-ZP				5 4 0	CITY-	S1 - 2/P	<u></u>				
TITLE			☐ DELETE	6 1	THE					Change	Addition
NAME				621	NAME						

14. If do hereby certify that the information supplied with this fling 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 13 if changed, or on an attachment with an address

64 C TY - ST - Z'P

SENATURE AND OPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: