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

CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 NOV -7 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
PACK ALL, INC.

DOCUMENT # V72458 (5)

Mailing Address
100 S.W. 27TH AVE.
MIAMI FL 33135

Principal Place of Business
100 S.W. 27TH AVE.
MIAMI FL 33135

**REINSTATEMENT** 94-86 DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date Incorporated or Qualified: 10/20/1992
3a. Date of Last Report: 05/01/1993

2. Mailing Address
21 7601 N.W. 68th St.
Suite, Apt. #, etc.
22 Suite #116
City & State
23 Miami, Florida
Zip 24 33166 Country 25 USA

2a. Principal Place of Business
26 7601 N.W. 68th St.
Suite, Apt. #, etc.
27 Suite #116
City & State
28 Miami, Florida
Zip 29 33166 Country 30 USA

4. FEI Number: 65-0363511 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: $8.75 ☐

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

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

9. Name and Address of Current Registered Agent
QUINTANA, LUIS A.
100 SW 27TH AVE
MIAMI FL 33135

10. Name and Address of New Registered Agent
81 Name: Thomas A. Tennant
82 Street Address (P.O. Box Number is Not Acceptable): 7601 N.W. 68th Street
83 Suite 116
84 City: Miami, FL 85 Zip Code: 33166

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE 6-29-1994
(Registered Agent Accepting Appointment) NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| 11 TITLE | P/D | 11 TITLE | P/D |
| 12 NAME | GALLEGO, JOSE L. LOPEZ | 12 NAME | GALLEGO, Jose L Lopez |
| 13 STREET ADDRESS | 5939 S.W. 16TH TERRACE | 13 STREET ADDRESS | 2301 Collins Ave., M-113 |
| 14 CITY-ST-ZIP | MIAMI FL | 14 CITY-ST-ZIP | Miami Beach, FL 33139 |
| 21 TITLE | D | 21 TITLE | VP/D |
| 22 NAME | MORCATE, JOSE L. Resigned | 22 NAME | TENNANT, Thomas A. |
| 23 STREET ADDRESS | 5939 S.W. 16TH TERRACE | 23 STREET ADDRESS | 2301 Collins Ave., M-113 |
| 24 CITY-ST-ZIP | MIAMI FL | 24 CITY-ST-ZIP | Miami Beach, FL 33139 |
| 31 TITLE | | 31 TITLE | S/T/D |
| 32 NAME | | 32 NAME | GALLEGO JR., Jose L. Lopez |
| 33 STREET ADDRESS | | 33 STREET ADDRESS | 2301 Collins Ave., M-113 |
| 34 CITY-ST-ZIP | | 34 CITY-ST-ZIP | Miami Beach, FL 33139 |
| 41 TITLE | | 41 TITLE | |
| 42 NAME | | 42 NAME | |
| 43 STREET ADDRESS | | 43 STREET ADDRESS | 900002003323--7 |
| 44 CITY-ST-ZIP | | 44 CITY-ST-ZIP | -11/13/96--01156--013 |
| 51 TITLE | | 51 TITLE | ****775.00 ****775.00 |
| 52 NAME | | 52 NAME | |
| 53 STREET ADDRESS | | 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| 61 TITLE | | 61 TITLE | |
| 62 NAME | | 62 NAME | |
| 63 STREET ADDRESS | | 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | | 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** _____ June 29, 1994 (305) 888-0430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #