

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 22 AM 9:07

DOCUMENT # F37892

(9)

1. Corporation Name

PACIFIC AMERICAN INVESTMENTS LTD., INC.

Principal Place of Business

Mailing Address

P O BOX 432784
MIAMI FL 33243-9784
US

P O BOX 432784
MIAMI FL 33243-9784
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/01/1981

3a. Date of Last Report

08/11/1994

4. FEI Number

59-2105346

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 291298
Suite, Apt. #, etc.

26 P.O. Box 291298
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Port Orange, Fla.
Zip Country

28 Port Orange, Fla.
Zip Country

24 32129

25 Volusia

29 32129

30 Volusia

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WRIGHT, E. M.
5927 SOUTHWEST 70TH STREET
MIAMI FL 33143

81 Name

E.M. Wright

82 Street Address (P.O. Box Number is Not Acceptable)

5901 Boggsford

83

84 City

Port Orange,

FL

85 Zip Code

32129

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 of registered agent or printed name of registered agent and title if applicable

E.M. Wright

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
WRIGHT, E. M.
5927 SOUTHWEST 70TH STREET
MIAMI FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
Pres/Sec/Director
E.M. Wright
5901 Boggsford
Pt. Orange, Fla 32129

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
DOMINGUEZ, PARTICIA
5927 SOUTHWEST 70TH STREET
MIAMI FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
V.P.?Director
P.D. Dominguez
5901 Boggsford

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
Pt. Orange, Fla. 32129

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

E.M. Wright, Pres/Sec/Dir.

305-38-9557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR