

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 25 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 # H98869

(1)

1. Corporation Name  
PYRAMID INTERNATIONAL CORP.



Principal Place of Business  
12003 LANDING WAY  
COOPER CITY FL 33026-1004

Mailing Address  
12003 LANDING WAY  
COOPER CITY FL 33026-1004

3. Date Incorporated or Qualified: 02/11/1986  
3a. Date of Last Report: 02/06/1996

2. Principal Place of Business  
21 4801 S. University Dr.  
26 4801 S. University Dr.

4. FEI Number: 59-2638512  
Applied For: Not Applicable

Suite, Apt #, etc.

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

22 City & State: Davie, FL  
27 City & State: Davie, FL

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

23 Zip: 33328 Country: U.S.A.  
28 Zip: 33328 Country: U.S.A.

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BOWERS, RICHARD A.~~  
~~300 G. PINE ISLAND RD.~~  
~~PLANTATION FL 33324~~

81 Name: Chao, Betty  
82 Street Address (P.O. Box Number is Not Acceptable): 12003 Landing Way  
83  
84 City: Cooper City FL 85 Zip Code: 33026

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: *Betty Chao* President DATE: 2/26/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                   |                                 |
|-----------------|-------------------|---------------------------------|
| TITLE           | D                 | <input type="checkbox"/> DELETE |
| NAME            | CHAO, EDMOND      |                                 |
| STREET ADDRESS  | 12003 LANDING WAY |                                 |
| CITY - ST - ZIP | COOPER CITY FL    |                                 |
| TITLE           | DP                | <input type="checkbox"/> DELETE |
| NAME            | CHAO, BETTY       |                                 |
| STREET ADDRESS  | 12003 LANDING WAY |                                 |
| CITY - ST - ZIP | COOPER CITY FL    |                                 |
| TITLE           |                   | <input type="checkbox"/> DELETE |
| NAME            |                   |                                 |
| STREET ADDRESS  |                   |                                 |
| CITY - ST - ZIP |                   |                                 |
| TITLE           |                   | <input type="checkbox"/> DELETE |
| NAME            |                   |                                 |
| STREET ADDRESS  |                   |                                 |
| CITY - ST - ZIP |                   |                                 |
| TITLE           |                   | <input type="checkbox"/> DELETE |
| NAME            |                   |                                 |
| STREET ADDRESS  |                   |                                 |
| CITY - ST - ZIP |                   |                                 |

|                     |                       |  |
|---------------------|-----------------------|--|
| 1.1 TITLE           | Director/Secretary    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                       |  |
| 1.3 STREET ADDRESS  |                       |  |
| 1.4 CITY - ST - ZIP |                       |  |
| 2.1 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |                       |  |
| 2.3 STREET ADDRESS  |                       |  |
| 2.4 CITY - ST - ZIP |                       |  |
| 3.1 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                       |  |
| 3.3 STREET ADDRESS  |                       |  |
| 3.4 CITY - ST - ZIP |                       |  |
| 4.1 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                       |  |
| 4.3 STREET ADDRESS  |                       |  |
| 4.4 CITY - ST - ZIP |                       |  |
| 5.1 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                       |  |
| 5.3 STREET ADDRESS  |                       |  |
| 5.4 CITY - ST - ZIP |                       |  |
| 6.1 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            | 500002157285          |  |
| 6.3 STREET ADDRESS  | -04/29/97--01002--019 |  |
| 6.4 CITY - ST - ZIP | ***165.00             |  |

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: *Betty Chao* President DATE: 2/27/97

CR2E034 (9/96)