

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:16

DOCUMENT # **S58587** (4)

1. Corporation Name
P.A.C. PROPERTIES, INC.

Principal Place of Business Mailing Address
P O BOX 161845 MIAMI FL 33116 **P O BOX 161045 MIAMI FL 33116**

DO NOT WRITE IN THIS SPACE.

| | | | | | |
|--------------------------------|------------|-------------------------|------------|---|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 PO Box 161239 | | 26 PO BOX 161239 | | 06/11/1991 | 04/05/1994 |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| 23 City & State | | 28 City & State | | 65-0300746 | <input type="checkbox"/> Not Applicable |
| 24 Zip | 25 Country | 29 Zip | 30 Country | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| | | | | 6. Election Campaign Financing | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| | | | | 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | | | | |
|---|--|--|--|---|-----------|----|----------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| CORREDERA, ADRIANA 5430 W. 10TH CT. HIALEAH FL 33012 | | | | 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 _____ DATE _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when rotating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|---|
| TITLE | PTD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CORREDERA, PETER | 1.2 NAME | |
| STREET ADDRESS | 5430 W. 10TH CT. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH FL | 1.4 CITY-ST-ZIP | |
| TITLE | VDS | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CORREDERA, ADRIANA | 2.2 NAME | |
| STREET ADDRESS | 5430 W. 10TH CT. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH FL | 2.4 CITY-ST-ZIP | |
| TITLE | | 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 | | 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 | | 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 | | 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 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. 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 of this filing, or in an attachment with an address.

SIGNATURE: *Peter Corredera* **2/9/95** **305-233-8696**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime/Fax #