

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000025406 (6)**

1. Corporation Name  
**PHP HOLDINGS, INC.**



Principal Place of Business: % MICHAEL B. FERNANDEZ, 2333 PONCE DE LEON BLVD., STE 303, CORAL GABLES FL 33134  
Mailing Address: % MICHAEL B. FERNANDEZ, 2333 PONCE DE LEON BLVD., STE 303, CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 03/30/1995  
3a. Date of Last Report: 3/30/95

2. Principal Place of Business: 21 777 S HARBOUR IS BLVD, 22 #350, 23 TAMPA, FL, 24 33602  
2a. Mailing Address: 25 777 S HARBOUR IS BLVD, 26 #350, 27 TAMPA, FL, 28 TAMPA, FL, 29 33602, 30 USA

4. FEI Number: 65-0569629  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: FERNANDEZ, MICHAEL B, 2333 PONCE DE LEON BOULEVARD, SUITE 303, CORAL GABLES FL 33134  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | D <input type="checkbox"/> DELETE | 1. 1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FERNANDEZ, MICHAEL B              | 1.2 NAME  |   |
| STREET ADDRESS             | 2333 PONCE DE LEON BLVD., STE 303 | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | CORAL GABLES FL 33134             | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 2. 1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 2.2 NAME  |   |
| STREET ADDRESS             |                                   | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 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                      | <input type="checkbox"/> DELETE   | 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                      | <input type="checkbox"/> DELETE   | 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                      | <input type="checkbox"/> DELETE   | 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; 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: DATE: 4/22/96 DAYTIME PHONE #: 813-273-7474

CR2E034 (12/95)