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May 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000014311

1. Corporation Name
PCC ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: C/O 101 MADEIRA AVENUE CORAL GABLES FL 33134
Mailing Address: C/O 101 MADEIRA AVENUE CORAL GABLES FL 33134
2. Principal Place of Business, 2a. Mailing Address, 22. Suite, Apt. #, etc., 23. City & State, 24. Zip, 25. Country, 26. Suite, Apt. #, etc., 27. City & State, 28. Zip, 29. Country, 30. Zip, 31. Country

3. Date Incorporated or Qualified: 02/15/1996
4. FEI Number: 65-0673037
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax: [X] Yes [] No

9. Name and Address of Current Registered Agent
ARAZOZA COMAS DE TORRES, ET. AL.
101 MADEIRA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name: ARAZOZA, Comas, de Torres & Fernandez-Fraga, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 2100 Salzedo Street
83 Suite: Suite 300
84 City: Coral Gables, FL 85 Zip Code: 33134

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] managing director DATE: 4/28/99

12. OFFICERS AND DIRECTORS
D IRVINE, ROBERT 4950 NW 73 AVE LAUDERHILL FL 33139
DP ALAXANDER, JULIAN 6521 SW 136 COURT MIAMI FL 33183
D ALAXANDER, BRUCE 425 EAST 76 STREET, APT 11-A NEW YORK NY 10021
D ALEXANDER, TIMOTHY 1800 N ANDREWS AVE FT LAUDERDALE FL 33311

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP, 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP, 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP, 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP, 6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: [Signature] SOLIANE DALEXANDER 4/28/99 (954) 733-1536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)