FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 06 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 # **339745** **(2)**

1. Corporation Name
T & P PROPERTY INC

Principal Place of Business	Mailing Address
1744 S W 3RD AVE MIAMI FL 33129	1744 S W 3RD AVE MIAMI FL 33129-1415

3. Date Incorporated or Qualified: 01/02/1969
3a. Date of Last Report: 06/28/1996

2. Principal Place of Business
21 441 Valencia Ave.
Suite, Apt. #, etc.
22 602
City & State
23 Miami, Florida
Zip 24 33134 Country 25 USA

2a. Mailing Address
26 441 Valencia Ave.
Suite, Apt. #, etc.
27 602
City & State
28 Miami, Florida
Zip 29 33134 Country 30 USA

4. FEI Number: 59-1579276 ☐ 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

9. Name and Address of Current Registered Agent
SCHELLING,DOROTHA
8900 SW 149 ST
MIAMI FL 33157

10. Name and Address of New Registered Agent
81 Name: Mary Lou Rodon Alvarez
82 Street Address (P.O. Box Number is Not Acceptable): 890 S. Dixie Highway
83
84 City: Coral Gables FL 85 Zip Code: 33146

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 _____
State name and title or capacity of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON,R	1.2 NAME	
STREET ADDRESS	~~1744 S W 3RD AVENUE~~	1.3 STREET ADDRESS	441 Valencia Ave., Apt. 602
CITY-ST-ZIP	~~MIAMI FL~~	1.4 CITY-ST-ZIP	Coral Gables, Florida 33134
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PYFROM,R	2.2 NAME	
STREET ADDRESS	~~1744 S W 3RD AVENUE~~	2.3 STREET ADDRESS	441 Valencia Ave. Apt. 602
CITY-ST-ZIP	~~MIAMI FL~~	2.4 CITY-ST-ZIP	Coral Gables, Florida 33134
TITLE	TSD ☐ DELETE	3.1 TITLE	TSD ☐ Change ☐ Addition
NAME	~~SCHILLING,D J~~	3.2 NAME	THOMPSON, Dorothea C.
STREET ADDRESS	~~8900 S W 149TH STREET~~	3.3 STREET ADDRESS	441 Valencia Ave., Apt. 602
CITY-ST-ZIP	~~MIAMI FL~~	3.4 CITY-ST-ZIP	Coral Gables, Florida 33134
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Ray Pyfrom 4-22-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #