

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

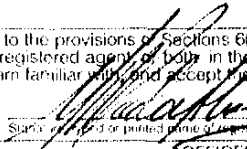
Principal Place of Business 1744 S W 3RD AVE MIAMI FL 33129	Mailing Address 1744 S W 3RD AVE MIAMI FL 33129-1415
---	--



2. Principal Place of Business 21 441 Valencia Ave. Suite, Apt. #, etc. 22 602 City & State 23 Miami, Florida Zip 24 33134		2a. Mailing Address 26 441 Valencia Ave. Suite, Apt. #, etc. 27 602 City & State 28 Miami, Florida Zip 29 33134 Country 30 USA		3. Date Incorporated or Qualified 01/02/1969	3a. Date of Last Report 08/28/1996
		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			

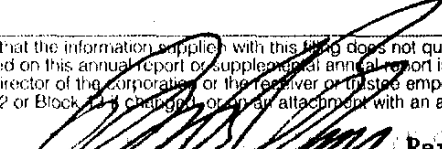
9. Name and Address of Current Registered Agent SCHELLING, DOROTHA 8900 SW 149 ST MIAMI FL 33157		10. Name and Address of New Registered Agent 81 Name Mary Lou Rodon Alvarez 82 Street Address (P.O. Box Number is Not Acceptable) 890 S. Dixie Highway 83 84 City Coral Gables FL 85 Zip Code 33146	
--	--	--	--

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:  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	D 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	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	D 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	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TSD 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	

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, changed, or on an attachment with an address.

SIGNATURE:  **Ray Pyfrom**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-97

Date Daytime Phone #

CR2E034 (9/96)