1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 271500

1. Corporation PTC IND					
Principal Place	e of Business	Mailing Address		•	T 180100 TITIL SEGAT TIOUS BILLO (BISS) SIGN BIBLI
7451 N W 63 S MIAMI FL 33168 US		7451 N W 63 STREET MIAMI FL 33166-3603 US			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 10/12/1970
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-1304205 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required
City & State		City & State			6: Election Campaign Financing S5.00 May Be Added to Fees
Zip 24	Country Zip Co 25 29 30		Country		8. This corporation owes the current year Intangible Personal Property Tax.
	9. Name and Address of Current				10. Name and Address of New Registered Agent
FREEDMAN, STANFORD W. 7451 NW 63 STREET MIAMI FL 33166			81 82 83	Name Street A	Address (P.O. Box Number is Not Acceptable)
, , , , , , , , , , , , , , , , , , ,			84	City	85 Zip Code
				1	┣┺
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation	i Florida. Such change was auth	onzed by	the como	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re		nt signature re	quired when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE			1.1 TITLE		Change Discussion
NAME	11122010 41, 011 41 0110		1.2 NAME		
STREET ADDRESS	7451 N.W. 63 STREET		1.3 STREET ADDRESS		}
CITY-ST-ZIP			1.4 CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE			2.1 TITLE		
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREE		
CITY-ST-ZIP		DELETE	2. 4 CITY+5 3.1 TITLE	ST-ZIP	☐ Change ☐ Addition
TITLE		_ DECETE	3.1 HILE		
NAME				T ADDRESS	
STREET ADDRESS			3.4. CITY-5	- 1	
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	31-21	☐ Change ☐ Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREE		
CITY-ST-ZIP			4.4 CITY-S	- 1	
TITLE			5.1 TITLE	-	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	T ADDRESS	į
CITY-ST-ZIP			5.4 CITY-S	IT- ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		

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 changes or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

URE REQUIRED

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90187 005 ***150.00