

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G09129** (9)

1. Corporation Name
P. P. I. INVESTMENTS, INC.



Principal Place of Business: **15330 S.W. 55 TERR MIAMI, FL ORIDA 33185**
Mailing Address: **15330 S.W. 55 TERR MIAMI, FL ORIDA 33185**

3. Date Incorporated or Qualified: **11/22/1982**
3a. Date of Last Report: **01/17/1995**
4. FEI Number: **59-2240752**
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

2. Principal Place of Business: **15330 S.W. 55 TERR MIAMI, FL ORIDA 33185**
2a. Mailing Address: **15330 S.W. 55 TERR MIAMI, FL ORIDA 33185**
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable): **9657 S.W. 124 ST.**
83. City, State, Zip: **MIAMI, FL 33176**
84. City: **MIAMI** 85. Zip Code: **FL 33176**

9. Name and Address of Current Registered Agent
**SOTOLONGO, ARMANDO O.
15330 S.W. 55 TERR
MIAMI FL 33185**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: SOTOLONGO, ARMANDO, O. STREET ADDRESS: 15330 S.W. 55TH TERRACE CITY-STATE: MIAMI FL	<input type="checkbox"/> DELETE	1. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12. NAME 13. STREET ADDRESS: 9657 S.W. 124 ST. 14. CITY-STATE-ZIP: MIAMI, FL 33176	
TITLE: SD NAME: GONZALEX, IBRAHIM STREET ADDRESS: 15330 S.W. 55TH TERRACE CITY-STATE: MIAMI FL	<input type="checkbox"/> DELETE	2. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 22. NAME 23. STREET ADDRESS 24. CITY-STATE-ZIP	
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	3. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 32. NAME 33. STREET ADDRESS 34. CITY-STATE-ZIP	
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	4. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 42. NAME 43. STREET ADDRESS 44. CITY-STATE-ZIP	
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 52. NAME 53. STREET ADDRESS 54. CITY-STATE-ZIP	
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	6. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 62. NAME 63. STREET ADDRESS 64. CITY-STATE-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 this 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: **1/29/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER: _____ (Date) **(205) 231-1889**

CR2E034 (12/95)