

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J34550** (0)  
1. Corporation Name  
**PIA ENTERPRISES, INC.**



Principal Place of Business <b>% M. PIA FILECCI 2710 N.E. 183RD ST., TH 12 NORTH MIAMI BCH. FL 33160</b>	Mailing Address <b>% M. PIA FILECCI 2710 N.E. 183RD ST., TH 12 NORTH MIAMI BCH. FL 33160</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>18000 BISCAYNE BLV.</b> Suite, Apt. #, etc. 22 City & State 23 <b>AVENTURA FL.</b> Zip 24 <b>33160</b>		2a. Mailing Address 26 <b>FILECCI M. PIA</b> Suite, Apt. #, etc. 27 <b>607 PORTIA CIR.</b> City & State 28 <b>KEY LARGO FL.</b> Zip 29 <b>33037</b>		3. Date Incorporated or Qualified <b>09/23/1986</b>	
25 <b>USA</b>		30 <b>USA</b>		4. FEI Number <b>65-0140454</b>	
2. Certificate of Status Desired <input type="checkbox"/>		5. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8.75 Additional Fee Required		5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent <b>FILECCI, M. PIA 2710 N.E. 183RD ST., TH 12 NORTH MIAMI BCH. FL 33160</b>		10. Name and Address of New Registered Agent 81 Name <b>FILECCI M. PIA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>607 PORTIA CIR.</b> 83 <b>KEY LARGO FL. 33037</b> 84 City <b>FL</b> 85 Zip Code	
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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 **M. PIA FILECCI** **President** **Jan 27-98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD FILECCI, M. PIA 2710 N.E. 183RD ST., TH 12 N MIAMI BCH FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PRESIDENT FILECCI M. PIA 607 PORTIA CIR. KEY LARGO FL. 33037</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **M. PIA FILECCI** **President** **Jan 27-98**

CR2E034 (10/97)