

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K45708 (0)**

1. Corporation Name
PTI OF PUERTO RICO, INC.



Principal Place of Business: **PO BOX 627 PT PLEASANT PA 18950**
Mailing Address: **PO BOX 627 PT PLEASANT PA 18950**

2. Principal Place of Business:
21 **URB. PUERTO NUEVO**
22 **CADIZ 1202, 2nd floor**
23 **SAN JUAN**
24 **00920** 25 **PR**
2a. Mailing Address:
26 **PO BOX 193720**
27
28 **SAN JUAN**
29 **00919-3720** 30 **PR**

3. Date Incorporated or Qualified: **11/16/1988**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **23-2534968**
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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**DAVIS, MARK B.
100 S. DIXIE HIGHWAY
SUITE 200
WEST PALM BEACH FL 33401**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.09(2) and 607.11(4), 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.09(5), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	KENNETH RYAN	
STREET ADDRESS	PO BOX 627 N/A	
CITY, ST, ZIP	PT PLEASANT PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CARMEN MARCANO	
STREET ADDRESS	HATO REY	
CITY, ST, ZIP	PUERTO RICO FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SCHOLER, CHUCK	
STREET ADDRESS	PO BOX 627 N/A	
CITY, ST, ZIP	PT PLEASANT PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME	
19 STREET ADDRESS	
20 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25 TITLE	
26 NAME	
27 STREET ADDRESS	
28 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29 TITLE	
30 NAME	
31 STREET ADDRESS	
32 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
33 TITLE	
34 NAME	
35 STREET ADDRESS	
36 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
37 TITLE	
38 NAME	
39 STREET ADDRESS	
40 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information reported herein is true, correct, substantial, accurate and complete, for the exceptions stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the registered trustee responsible to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or its attachment with a signature.

SIGNATURE: *Charles P Scholer* 3/28/96 610-891-1894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)