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May 06, 1999 8:00 am  
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05-06-1999 90281 011 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



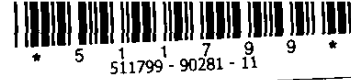
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000002892

1. Corporation Name  
P.P. FOUNDATION, INC.

Principal Place of Business  
12620 NW 12 AVE  
MIAMI FL 33167

Mailing Address  
12620 NW 12 AVE  
MIAMI FL 33167



2. Principal Place of Business (21-24) 2a. Mailing Address (26-30) 3. Date Incorporated or Qualified (05/19/1997) 4. FEI Number (65-0755995) 5. Certificate of Status Desired (\$8.75 Additional Fee Required) 6. Election Campaign Financing Trust Fund Contribution (\$5.00 May Be Added to Fees)

9. Name and Address of Current Registered Agent

PHILOGENE, PAUL  
12620 NW 12 AVE  
MIAMI FL 33167

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS (3 entries for Philogene, Paul; Piverger, Raymond; Philogene, Fitz) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (6.1-6.4)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Philogene, Paul Philogene 4-27-99 305-688-9686

CR2E037 (1/98)