

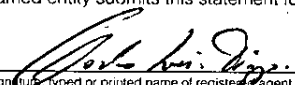
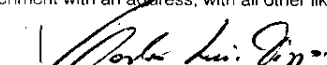
# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 17, 2001 8:00 am**  
**Secretary of State**

08-17-2001 90019 001 \*\*\*\*58.75  
 08-17-2001 90019 002 \*\*\*500.00

77604

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> P00000089119			
<b>1. Entity Name</b> P & P INTERNATIONAL TRADING, CORP. ✓			
<b>Principal Place of Business</b> 6991 N.W. 82 AVE. # 14 MIAMI, FLORIDA. 33166		<b>Mailing Address</b> 6991 N.W. 82 AVE. # 14 MIAMI, FLORIDA. 33166	
<b>2. Principal Place of Business</b> 7054 N.W. 77 CT. Suite, Apt. #, etc. # 100 City & State MIAMI, FLORIDA. 33166 Zip 33166		<b>3. Mailing Address</b> 7054 N.W. 77 CT. Suite, Apt. #, etc. # 100 City & State MIAMI, FLORIDA. 33166 Zip 33166	
Country U.S.A.		Country U.S.A.	
<b>4. FEI Number</b> 65-1042692		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  EMILIO POUSA  6193 ROCK ISLAND RD. # 319 TAMARAC, FT. LAUDERDALE, FLORIDA 33319			
<b>7. Name and Address of New Registered Agent</b> Name PIZZO CARLOS L. Street Address (P.O. Box Number is Not Acceptable) 3312 S.W. 171 TERRACE City MIRAMAR FL Zip Code 33027			
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.</b>  SIGNATURE  DATE 08/07/01 <small>Sign (type, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
<b>9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	
<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIZZO, CARLOS L. 3312 SW 171 te. MIRAMAR FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POUZA, EMILIO 6193 Rock Island Rd. Tamarac, Ft. Lauderdale, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> 		DATE 08/07/01	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E034 (5/01)