


2-28-97 B-2484 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000006381 (6)			
1. Corporation Name P.T.822 CORP.			
Principal Place of Business 2118 NW 19 WAY BOCA RATON FL 33431 US		Mailing Address 2118 NW 19 WAY BOCA RATON FL 33431-6302 US	
2. Principal Place of Business 21 5005 Collins Ave. Suite, Apt. #, etc. 22 Suite 822 City & State 23 Miami Beach, Florida Zip Country 24 33141 25 U.S.A.		2a. Mailing Address 26 5005 Collins Ave. Suite, Apt. #, etc. 27 Ste. 822 City & State 28 Miami Beach, Florida Zip Country 29 33141 30 U.S.A.	
9. Name and Address of Current Registered Agent WACHTER, JAMES J 2118 NW 19TH WAY BOCA RATON FL 33431-6302		10. Name and Address of New Registered Agent 81 Name MONIKA LORRAINE 82 Street Address (P.O. Box Number is Not Acceptable) 5005 Collins Ave. 83 Suite 822 84 City Miami Beach FL 85 Zip Code 33141	
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 not a shareholder or officer of the corporation. SIGNATURE: <i>Monika Lorraine</i> DATE: 2/20/97			
12. OFFICERS AND DIRECTORS TITLE: DT <input checked="" type="checkbox"/> DELETE NAME: WACHTER, JAMES STREET ADDRESS: 2118 NW 19 WAY CITY-ST-ZIP: BOCA RATON FL			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE: President/Secretary D/P/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: Monika Lorraine 1.3 STREET ADDRESS: 5005 Collins Avenue - Suite 822 1.4 CITY-ST-ZIP: Miami Beach, Florida 33141			
14. I do 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, unchanged, or on an attachment with an address. SIGNATURE: <i>Monika Lorraine</i> DATE: 2/20/97			



CR2E034 (9/96)