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

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED FLORIDA DEPARTMENT OF STATE Jan 29 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P94000014107 (4) DOCUMENT # P.G. INTERNATIONAL, INC. Principal Place of Business Mailing Address 27401 SW 182 AVE. 27401 SW 182 AVE. HOMESTEAD FL 33165 HOMESTEAD FL 33165 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/21/1994 2. Principal Place of Business 2a. Mailing Address 4. FE! Number Applied For 65-0470569 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zio Country Žio Country 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. Yes □No 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GONZALEZ, PAUL 27401 SW 182 AVENUE Street Address (P.O. Box Number is Not Acceptable) HOMESTEAD FL 33031 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change THIE 1.1 TITLE GONZALEZ, PAUL NAME 1.2 NAME 27401 SW 182 AVE. 1.3 STREET ADDRESS STREET ADDRESS HOMESTEAD FL 33031 CITY - ST - ZIP 1.4 CITY-ST-ZIP Addition TITLE DELETE. 2.1 TITLE Change 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition TITLE DELETE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4,4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

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. 15/98 305 2464646 SIGNATURE:

6.2 NAME

6.3 STREET ADDRESS