FILED

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90153 048 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #	P94000036578	
	, , , , , , , , , , , , , , ,	

Corporation Name

PNP INTERNATIONAL CORPORATION

Principal Place of Business 4560 E. 10TH COURT HIALEAH FL 33489—33.013 US Mailing Address 4560 E. 10TH COURT HIALEAH FL 23169—33.01			····	DO NOT WRITE IN THIS S	· b·2			
				3. Date Incorporated or Qualifed 05/12/1994				
Principal Place of Business The Principal Place of Business The Principal Place of Business	2a. Mailing Address			4. FEI Number 65-0500953	Applied For Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Count 24 25	ry Zip C 29 30	Country		This corporation owes the current year Intar Personal Property Tax.	ngible ⊒Yes □No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
THILEM, PAUL		81	Name					
18984 W. DIXIE HIGHWAY		82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
NO. MIAMI BEACH FL 3	3180	83			÷			
		84	City	FI	85 Zip Code			

1. 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: Rec	istered Agent signature require	d when reinstating)	DATE		\
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES	TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	D 🗆 :	DELETE	1.1 TITLE			Change	Addition
NAME	PRUSIS, ARMAND		1.2 NAME				ľ
STREET ADDRESS	8000 HARDING AVENUE APT. 3E		1.3 STREET ADDRESS	AL ART			
CITY-ST-ZIP	MIAMI BEACH FL 33141		1.4 CITY-ST-ZIP		<u> </u>		
TITLE	D	DELETE	2.1 TITLE			Change	Addition
NAME	Prusis, Edmund		2.2 NAME		· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS	8000 HARDING AVENUE APT. 3E		2.3 STREET ADDRESS	25 year			
CITY-ST-ZIP	MIAMI BEACH FL 33141	•	2.4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE		-	☐ Change	☐ Addition
NAME			3.2 NAME				ļ
STREET ADDRESS		i	3.3 STREET ADDRESS				1
CITY-ST-ZIP			3.4. CITY-ST-ZIP			<u>'</u>	
TITLE		DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4 2 NAME				}
STREET ADDRESS			4.3 STREET ADDRESS				ŀ
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				}
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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 fustee 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 absorbing with an address, with all other like empowered.

SIGNATURE: