SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.

AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P94000045467 (5)**

P & J BROKERS, INC.

Macing Address Principal Place of Business 1395 NW 167TH STREET 1395 NW 167TH STREET STE. 205 STE. 205 MIAMI FL 33169-5742 MIAMI FL 33169-5742 3a. Date of Last Report 3. Date Incorporated or Qualified 06/13/1994 06/28/1995 Applied For 4 FELNumber 2a. Mailing Address 2. Principal Place of Business 65-0510107 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State -City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032 Country Country Zin Zip Yes No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JAMIESON, CARLOS Street Address (P.O. Box Number is Not Acceptable) 82 1444 BISCAYNE BLVD SUITE 220 MIAMI FL 33132 F.R Zip Code 84 City 85 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 at copt the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Responsed Agent signature required when receivable (g) COLE Signature, type disciprote an investor registered agent and line if applicable (96/E)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change: DELETE 1.1 TITLE THILE CR2E034 PADILLA, RICARDO 1.2 NAME NAME 18314 NW 68TH AVE APT 7H 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33015 1.4 CITY - \$1-7IP CITY-ST-ZIF Change Addition DELETE 2.1 THUE TILLE JAMIESON, CARLOS 2.2 NAME NAME 5440 W 21ST CT APT 301 2.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33016 2 4 CITY - ST. 7IP CITY - ST - ZIP Change Addition DELETE 3.1 TIBLE TITLE 3 2 NAME NAME 3.3 STREET ADORESS STREET ADORESS 3.4 CITY-SI-ZIP CITY-ST-ZP Change Addition DELETE 4.1 10015 THILE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 City ST ZIP CITY-ST-70

14. I do hereby certily that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 jf changed, or on an attachment with an address.

5.1 TITLE 5.2 NAME

61 THLE

€ 2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZiP

SIGNATURE:

NAME

Trite

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

6-14-96 (305)621-6070

Change Addition

Change Addition