## 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 # P95000020100

1. Corporation Name

P. H. INDUSTRIES, INC.

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90156 045 \*\*\*300.00



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Principal Place	of Business	Ma	iling Address				- \$ 100 LIDEA 11% 1010) Beite matet amete mater amere	IIBII BBIBI HBH	1 Bici 0011 (00)	
·			610 PARK PLACE							
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401				1			THE COLOR			
							DO NOT WRITE IN THIS	SPACE		
							3. Date Incorporated or Qualifed			
							03/13/1995		diad East	
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number		plied For	
21		26					65-0597493		t Applicable	
Suite, Apt.	#, etc.	-	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 / Fee Re		
	- Brokerian Come come - a last come	- 27 -	Other Court	-		+ 2.7 <u>*</u> 4	The state of the second			
City & State			City & State				6. Election Campaign Financing	\$5.00 Added 1		
23	Causta	28	Zip	Cou	ntn/		Trust Fund Contribution		01003	
Ziρ	Country	$\vdash$	[30	_	rati y		<ol> <li>This corporation owes the current year In Personal Property Tax.</li> </ol>	langible ⊡Yes	□No	
24	9. Name and Address of Currel	29		o į	_		10. Name and Address of New Registered			
	9. Name and Address of Curren	iir veāisi	ered Agent		81	Name	10. 14.			
HERI	RERA, PASCACIO D									
610 PARK PLACE					82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
WEST PALM BEACH FL 33401				83						
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1					84	City	FL	85 Zip	Code	
<u></u>		30 1 00	7 1500 Floride Statutes	the el		namad cama	oration submits this statement for the purpose o	changing its	registered	
office or re	onictored agent or both in the State	of Florid	<ul> <li>Such change was suff</li> </ul>	กดศเรษก	t hv i	the comoratioi	n's board of directors. I hereby accept the appo	intment as re	gistered	
agent. I a	m familiar with, and accept the obliga	ations of,	Section 607,0505, Florid	la Statı	utes.	·	2/2,	100		
SIGNATURE	1. m Herrera			e e	1	t signature required	1 DATE	<u> </u>		_
	Signature, typed or printed name of registered age OFFICERS Af			13.	Agen	t signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	PS IN 12	4/02
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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, with all other like empowered.

Daytime Phone #