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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000056512 (3)

PTW ASSOCIATES INC

FILED May 14 1998 8:00am Secretary of State

11144 7	10000IATES, INC				<u> </u>	
Principal Place	of Business	Mailing Address			- I INDALLORY LUG (ININ DAVIN BRINI BRINI BRINI BRINI	i âine bhith thiùi (ana mai 12)
1883 N.W. 7TH ST., #4 1883 N.W. 7TH ST., #		ļ				
		MIAMI FL 33125	AMI FL 33125			
					DO NOT WRITE IN THIS	S SPACE
					3. Date Incorporated or Qualified 07/20/1995	
9 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	I lambad for
		26. Maning Address	٦ - "		65-0598794	Applied For Not Applicable
Sulte, Apt. #, etc.		Suite, Apt #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip Country		Zip	Zip Country		8. This corporation owes or has paid the o	urrent year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes □ No
	9, Name and Address of Currer	nt Registered Agent			10. Name and Address of New Register#	5 Agent
	A PAN ES, WALDO		8	Name		
	342 S.W. 142 CT.		8:	2 Street Addr	ess (P.O. Box Number is Not Acceptable)	
M	IAMI FL 33175					
			В:	3		
			84	1 City		85 Zip Code
					F	
11. Pursuant t	o the provisions of Sections 607.050 egi ster ed agent, or both, in the State	/2 and 607.1508, Flor ida Statul .of Elorida, Such cha nn e was a	es, the abor	ve-named corp	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered
agent. I ar	n familiar with, and accept the obliga	ations of Section 607.0505, Fic	orida Statule	38.	ion o board of directors, thoroby accept the ap	ppolitation, as registered
SIGNATURE						
	Signature, typed or printed name of registered ago			gent signature requir	ed when reinstating) DATE	ID DIDECTORS IN 40
12.	DP OF TOLING MINI	ID DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	TAPANES, WALDO	C) breeze	1.2 NAME			C sumile C required
STREET ADDRESS	4004 14144 00 145			T ADDRESS		18
CITY-ST-ZIP	MANN EL DOLOE		1.4 CITY-	ì		\ <u>i</u>
TITLE	DS	DELETE	2.1 TITLE			Change Addition
NAME	TAPANES, ROGER JR		2,2 NAME	- 1		<u> </u>
STREET ADDRESS	4004 11111 00 417			T ADDRESS		
CITY-ST-ZIP	ANALU PL ANAP		2 4 CITY	F		İ
TITLE	DT	DELETE	3.1 TITLE	51-211		Change Addition
NAME	TAPANES, ROGER	<u> </u>				
STREET ADDRESS	1031 N.W. 20 AVE			T ADDRESS		1
CITY-ST-ZIP	MIAMI FL 33125		3.4. CITY-			İ
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4, 2 NAM	:		
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY	ł		
TITLE		DELETE	51 TITLE			Change Addition
NAME			5 2 NAME			
STREET ADDRESS			1	1 ADDRESS		
CITY-ST-ZIP			5.4 CITY -			\
TITLE			6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS				T ADDRESS		1
CITY-ST-ZIP			6.4 CITY-			Ì
14 I heroby or	artifut had the information outside of the	it this time does not smallful.	- 45		Continue 110 07/010) Florida Diatutas I further	

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 supplicmental 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.

APR 1.5 1998