SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # POFOCO



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED Aug 04, 1999 8:00 am Secretary of State

08-04-1999 90006 003 ***550.00

P.T.C.I.,	, INC.		•			,
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Principal Pla	ace of Business	Mailing Address				en mitte temme ifter minne int inn
8850 N.W. 67		18850 N.W. 67TH PL				
IAMI FL 330	75	MIAMI FL 33015			DO NOT WRITE IN TH	IS SDACE
					3. Date Incorporated or Qualified	IS SPACE
		• • •			08/08/1995	
. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
<u>l</u>		26			65-0609032	Not Applicab
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Str	ate	City & State			Election Campaign Financing	\$5.00 May Be
]		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	, ,	8. This corporation owes the current year	
il .	25	29	30		Intangible Personal Property.	Yes No
	9. Name and Address of Cur	rrent Registered Agent			10. Name and Address of New Registere	d Agent
eu.	CKOL ANNIE		81	Name		
SOCKOL, ANN F 18850 N.W. 67TH PL			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
	MI FL 33015				(101 201 Hallast 10 (101 1004)	
MIN	WII FE 33015		83			
			. 84	City		85 Zip Code
			ł	1	F	L '
		bligations of, section 607.0505, l	Florida Statute:	S.	oration submits this statement for the purpose of on's board of directors. I hereby accept the app	
SIGNATURE	Signature, typed or printed name of registered		Florida Statutes	s.	uired when reinstating) DATE	
	Signature, typed or printed name of registered OFFICERS		Florida Statutes	s.		
2.	Signature, typed or printed name of registered OFFICERS D	agent and title if applicable.	Florida Statutes	s.	uired when reinstating) DATE	
2 .	Signature, typed or printed name of registered OFFICERS D SOCKOL, ANN F	agent and title if applicable. AND DIRECTORS	(NOTE: Registered A	s.	uired when reinstating) DATE	AND DIRECTORS IN 12
Z. TLE	Signature, typed or printed name of registered OFFICERS D SOCKOL, ANN F 18850 NW 67 PL	agent and title if applicable. AND DIRECTORS	(NOTE: Registered A	S. Igent signature requ	uired when reinstating) DATE	AND DIRECTORS IN 12
Z. Tle Me Reet address Ty-st-zip	Signature, typed or printed name of registered OFFICERS D SOCKOL, ANN F 18850 NW 67 PL MIAMI FL 33015	agent and title if applicable. AND DIRECTORS	(NOTE: Registered A 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITYST	S. Ingent signature required to the signatu	uired when reinstating) DATE	AND DIRECTORS IN 12
Z. TLE ME REET ADDRESS TY-ST-ZIP TLE	Signature, typed or printed name of registered OFFICERS D SOCKOL, ANN F 18850 NW 67 PL MIAMI FL 33015	agent and title if applicable. AND DIRECTORS	(NOTE: Registered A 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	S. Ingent signature required to the signatu	uired when reinstating) DATE	AND DIRECTORS IN 12
Z. TLE ME REET ADDRESS TY-ST-ZIP TLE	Signature, typed or printed name of registered OFFICERS D SOCKOL, ANN F 18850 NW 67 PL MIAMI FL 33015 D CORREA, EDUARDO	agent and title if applicable. AND DIRECTORS DELETE	(NOTE: Registered A 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME	s. Agent signature requirements ADDRESS F-ZIP	uired when reinstating) DATE	AND DIRECTORS IN 12 Change Addition
Z. TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS	Signature, typed or printed name of registered OFFICERS D SOCKOL, ANN F 18850 NW 67 PL MIAMI FL 33015 D CORREA, EDUARDO 1033 SW 123 PL	agent and title if applicable. AND DIRECTORS DELETE	(NOTE: Registered A 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET	s. Appert signature required for the signature	uired when reinstating) DATE	AND DIRECTORS IN 12 Change Addition
Z. TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP	Signature, typed or printed name of registered OFFICERS D SOCKOL, ANN F 18850 NW 67 PL MIAMI FL 33015 D CORREA, EDUARDO	agent and title if applicable. AND DIRECTORS DELETE	(NOTE: Registered A 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-SI	s. Appert signature required for the signature	uired when reinstating) DATE	AND DIRECTORS IN 12 Change Addition
Z. TLE MME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE	Signature, typed or printed name of registered OFFICERS D SOCKOL, ANN F 18850 NW 67 PL MIAMI FL 33015 D CORREA, EDUARDO 1033 SW 123 PL	agent and title if applicable. AND DIRECTORS DELETE	(NOTE: Registered A 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-SI 3.1 TITLE	s. Appert signature required for the signature	uired when reinstating) DATE	AND DIRECTORS IN 12 Change Addition
Z. TLE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE	Signature, typed or printed name of registered OFFICERS D SOCKOL, ANN F 18850 NW 67 PL MIAMI FL 33015 D CORREA, EDUARDO 1033 SW 123 PL MIAMI FL 33184	agent and title if applicable. AND DIRECTORS DELETE	(NOTE: Registered A 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME	s. Appent signature requirements ADDRESS ADDRESS ADDRESS ADDRESS	uired when reinstating) DATE	AND DIRECTORS IN 12 Change Addition
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Z. TILE AME IREET ADDRESS TY-ST-ZIP TILE	Signature, typed or printed name of registered OFFICERS D SOCKOL, ANN F 18850 NW 67 PL MIAMI FL 33015 D CORREA, EDUARDO 1033 SW 123 PL MIAMI FL 33184	agent and title if applicable. AND DIRECTORS DELETE DELETE	(NOTE: Registered A 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 4.5 TITLE 4.5 NAME 4.5 STREET 4.4 CITY-ST	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	uired when reinstating) DATE	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
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SIGNATURE 12. TITLE IAME STREET ADDRESS STY-ST-ZIP ITLE IAME ITREET ADDRESS STY-ST-ZIP ITLE ITREET ADDRESS STY-ST-ZIP ITLE	Signature, typed or printed name of registered OFFICERS D SOCKOL, ANN F 18850 NW 67 PL MIAMI FL 33015 D CORREA, EDUARDO 1033 SW 123 PL MIAMI FL 33184	agent and title if applicable. AND DIRECTORS DELETE DELETE DELETE	(NOTE: Registered A 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-SI 3.1 TITLE 3.2 NAME 3.3 STREET 4.4 CITY-SI 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-SI 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	uired when reinstating) DATE	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition

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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



22-49

Daytime Phone #