


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

FILED

Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000012663 (6)</b> 1. Corporation Name <b>P.I. INTERNATIONAL, INC.</b>			
Principal Place of Business <b>11077 BISCAYNE BLVD. SUITE 307 MIAMI FL 33161</b>		Mailing Address <b>11077 BISCAYNE BLVD. SUITE 307 MIAMI FL 33161-7483</b>	
2. Principal Place of Business 21 <b>1600 NW LEJEUNE RD</b> Suite, Apt #, etc. 22 <b>300</b> City & State 23 <b>MIAMI FLORIDA</b> Zip 24 <b>33126</b> Country 25 <b>DADE</b>		2a. Mailing Address 26 <b>1600 NW LEJEUNE RD</b> Suite, Apt #, etc. 27 <b>300</b> City & State 28 <b>MIAMI FLORIDA</b> Zip 29 <b>33126</b> Country 30 <b>DADE</b>	
9. Name and Address of Current Registered Agent <b>BARON, RICHARD 11077 BISCAYNE BLVD. SUITE 307 MIAMI FL 33161</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	
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 accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS 1.1 TITLE <b>D</b> <input type="checkbox"/> DELETE 1.2 NAME <b>BARON, RICHARD</b> 1.3 STREET ADDRESS <b>11077 BISCAYNE BLVD.</b> 1.4 CITY-ST-ZIP <b>MIAMI FL 33161</b> 2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>JOHN L. PHILLIPPE</b> 1.3 STREET ADDRESS <b>1600 NW LEJEUNE RD #300</b> 1.4 CITY-ST-ZIP <b>MIAMI FL 33126</b> 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
14. I do 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. <b>SIGNATURE: JOHN L. PHILLIPPE</b> <i>John L. Phillippe</i> <b>APR 7, 1997</b> <b>305-871-4771</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



CR2E034 (9/96)