Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90191 017 \*\*\*158.75

## 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 # P96000015716

P&Ti	WESTMENTS, INC.				E PORTINGA ILIB IDIIO DIIII BRILL DEVI ADIIA BRILL	(† 11 <b>62). 2</b> 19(† 1 <b>082</b>	) (101 <b>0 0</b> 11) 1 <b>00</b> 1	
Principal Place of Business Mailing Address					r ingriffer irm riffra breis mairs main main main	1 11881 81411 48801	1 51 <b>010 0</b> 115 1001	
3801 ALHAMBRA CIRCLE 3801 ALHAMBRA CIRCLE CORAL GABLES FL 33134 CORAL GABLES FL 33134								
US US						DO NOT WRITE IN THIS SPACE		
[					3. Date Incorporated or Qualifed 02/20/1996			
2. Principal Place of Business 2a. Mailing Addre					4. FEI Number	Ar	oplied For	
21	26			65-0642143	No	ot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	•	Additional equired	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees		
Zip	Country	Zip	Country	/	8. This corporation owes the current year In		□No	
24	9. Name and Address of Curren	<del></del>	10		Personal Property Tax.  10. Name and Address of New Registered		LINO	
J	o. Italia dia Addiesa di Editeli	. regionales Agein	81	Name	To. Hame alla Addicas of New Hogisteres	- Agoili		
TORRENT, ERNESTO V 3801 ALHAMBRA CIRCLE			82	<u> </u>	Address (P.O. Box Number is Not Acceptable)			
1	AL GABLES FL 33134		83	<del> </del>		<del></del>	<del></del>	
		•	84	City		85 Zip (	Code	
L					FL	<u> </u>		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut	horized by	the corpo	corporation submits this statement for the purpose o oration's board of directors. I hereby accept the appo	f changing its intment as re	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered Age	nt signature re	required when reinstating) DATE			
12.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
πιε	PD	☐ OELETE	ELETE 1.1 TITLE			☐ Change	Addition	
NAME	TORRENT, ERNESTO V		1.2 NAME		-			
STREET ADDRESS	3801 ALHAMBRA CIRCLE		1.3 STREET ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 C/TY+ST-ZIP					
πιε		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME		, tee	2.2 NAME			*****	•	
STREET ADDRESS	·		2.3 STREET ADDRESS			•		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP					
ণ্যায়E		☐ DELETE	3.1 TITLE			☐ Change	Addition	
- NAME			3.2 NAME					
STREET ADDRESS		,	3.3 STREE	TADORESS	·			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME			4.2 NAME.		`	•		
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE	1		Change	Addition	
NAME	•		5.2 NAME			*		
STREET ADDRESS	* •		5.3 STREET	TADDRESS				
CITY-ST-ZIP			3.4 CHPK-S	T-ZIP				
TITLE		<b>☑</b> DELETE	6.1 TITLE	1		☐ Change	☐ Addition	

14. Thereby 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 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP