

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

FILED

98 APR 23 5 11:55

PPGFI  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P90000060121

A&M MARKETING AND PHLEBOTOMY, INC.

Principal Place of Business: 3681 Heron Ridge Ln. WESTON, FL. 33331  
Mailing Address: 3681 Heron Ridge Ln. WESTON, FL. 33331.

500002504055--6  
-04/28/98--01123--011  
\*\*\*\*91750\*\*\*\*917.50

3. Date Incorporated or Qualified: 08-26/96

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields. Includes fields for State, Apt., City, State, Zip, and Country.

4. FEI Number: 65-0687434  
5. Certificate of Status Desired: 97/98 \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: IZQUIERDO, AMAURY, 3681 Heron Ridge Ln. WESTON, FL. 33331  
10. Name and Address of New Registered Agent (81-85)

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 607.0508, Florida Statutes.  
SIGNATURE: [Signature] DAURY Izquierdo  
DATE: 04-20/98

Table with 2 columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS. Includes fields for Title, Name, Street Address, City, State, Zip.

REINSTATEMENT 97-98 4-24-98

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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. I am an officer or director of the corporation or the receiver or trustee employed 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.