

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000067192 (0)

1. Corporation Name
PLWW COMPANY, INC.

Principal Place of Business
C/O PETER LOBLACK, ESQ.
740 NW 203RD STREET
MIAMI FL 33169

Mailing Address
C/O PETER LOBLACK, ESQ.
740 NW 203RD STREET
MIAMI FL 33169



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/09/1996	3a. Date of Last Report
4. FEI Number 650684578	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 10760 Biscayne Blvd. Suite, Apt. #, etc.	2a. Mailing Address 26 10760 Biscayne Blvd. Suite, Apt. #, etc.
22 City & State Miami, FL	27 City & State Miami, FL
23 Zip 33161	28 Country U.S.
24 33161	25 U.S.
29 33161	30 U.S.

LOBLACK, PETER ESQ.
740 N.W. 203RD STREET
MIAMI FL 33169

81 Name Peter Loblack, Esq.	85 Zip Code 33316
82 Street Address (P.O. Box Number is Not Acceptable) 707 Southeast 8th Ave	
83 Suite #401	
84 City FORT LAUDERDALE FL	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	PETER LOBLACK
STREET ADDRESS		1.3 STREET ADDRESS	6297 N.W. 770 LANE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MIAMI, FL 33015
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	WADE WALKER
STREET ADDRESS		2.3 STREET ADDRESS	2086 SW 183 AVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL 33029
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Nasil Bernard
STREET ADDRESS		3.3 STREET ADDRESS	624 NE 205 Terrace
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI FL 33079
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (4/97)