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

P96000087080

1. Corporation Name

PLC COVE. INC.

120 000	E, INO.				
Drivation Bloom	of Puninge	Mailing Address		}	ini inisi indii anini shisi arii 1841
Principal Place		420 LINCOLN RD			•
420 LINCOLN RI STE 432		STE 432		70 VOT WEITE IN TH	IO ODACE
MIAMI BEACH F	L 33139	MIAMI BEACH FL 33139		DO NOT WRITE IN TH	IS SPACE
US		US		3. Date Incorporated or Qualifed	•
	7		<u> </u>	10/22/1996	Auglied For
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0700538	\$8.75 Additional
Suite, Apt. #	⊭, etc · ·	- Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
22	a distribution of the second o	27			-
City & State	•	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23		Zip	Country	This corporation owes the current year	
Zip	Country		30	Personal Property Tax.	X Yes □No
24	9. Name and Address of Curren		30	10. Name and Address of New Registere	ed Agent
· <u> </u>	9. Name and Address or Curren	t Registered Agent	81 Name		
PI C	INVESTMENTS, INC.			4-14-3	
	LINCOLN RD		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	432		83	201	A THE PROPERTY OF THE PARTY OF
	AI BEACH FL 33139				
- 1711/7(17	AL DESCRIPTE SOLOD	•	84 City	F	85 Zip Code
I an Conservation		A LCOZ 4500 Florido Protuto	the above named corn	section authorite this statement for the numose	of changing its registered
	to the provisions of Sections 607.050. egistered agent, or both, in the State in familiar with, and accept the obliga			on's board of directors. I hereby accept the app	pointment as registered
and agont. I di	in latilitial with, and accept the congo	tions of Section our cood, Flore	da Statutes.		
SIGNATURE		**	da otatolos.	d when reinstating) DATE	*
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Agent signature require		AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	**	Registered Agent signature require	d when reinstating) DATE	*
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE: ID DIRECTORS	Registered Agent signature require	d when reinstating) DATE	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN PD CEJAS, PABLO L	nt and title if applicable. (NOTE: ID DIRECTORS	Registered Agent signature require 13. 1.1 TTLE	d when reinstating) DATE	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PD CEJAS, PABLO L 420 LINCOLN RD, STE 432	nt and title if applicable. (NOTE: ID DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	d when reinstating) DATE	AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PD CEJAS, PABLO L 420 LINCOLN RD, STE 432 MIAMI BCH FL 33139	nt and title if applicable. (NOTE: ID DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	d when reinstating) DATE	AND DIRECTORS IN 12
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SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN PD CEJAS, PABLO L 420 LINCOLN RD, STE 432 MIAMI BCH FL 33139 TSD MONTERO, HILDA C	nt and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	d when reinstating) DATE	AND DIRECTORS IN 12 Change Addition
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

1/15/99

FILED

Feb 03, 1999 8:00am

Secretary of State

02-03-1999 90013 038 ***150.00

305-531-5220