

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

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90032 030 \*\*\*150.00

DOCUMENT # P 960000 87851

1. Corporation Name

PTI RESOURCE GROUP, INC.

Principal Place of Business

Mailing Address

8350 NW 52 TERRACE  
SUITE 301  
MIAMI, FL 33166

20515 E. COUNTRY CLUB DR  
APT 1542  
AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1996

2. Principal Place of Business

2a. Mailing Address

21 21085 NE 34<sup>th</sup> AVE

26 21085 NE 34<sup>th</sup> AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 403

27 SUITE 403

City & State

City & State

23 AVENTURA, FL

28 AVENTURA, FL

Zip

Country

Zip

Country

24 33180

25 USA

29 33180

30 USA

4. FEI Number

65-0703845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ERIC STOLLER

8350 NW 52 TERRACE

SUITE 301

MIAMI, FL 33166

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

21085 NE 34<sup>th</sup> AVE

83

SUITE 403

84

AVENTURA

FL

85 Zip Code

33180

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	D STOLLER, ERIC	290 N.W. 165 <sup>th</sup> STREET	N. MIAMI BEACH, FL 33169	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		21085 NE 34 <sup>th</sup> AVE, SUITE 403	AVENTURA, FL 33180	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #