

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 05, 1999 8:00 am
Secretary of State

05-05-1999 90229 032 ***150.00

DOCUMENT # P96000094315

1. Corporation Name

PPK ENTERPRISES, INC.

Principal Place of Business

300 THREE ISLAND BLVD STE 708
HALLANDALE FL 33009

Mailing Address

300 THREE ISLAND BLVD STE 708
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1996

4. FEI Number

65-0711337

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 401 BISCAYNE BLVD.
Suite, Apt. #, etc.

2a. Mailing Address

26 401 BISCAYNE BOULEVARD
Suite, Apt. #, etc.

22 BAYSIDE MARKET PLACE
City & State

27 BAYSIDE MARKET PLACE
City & State

23 MIAMI, FLORIDA
Zip Country

28 MIAMI, FLORIDA
Zip Country

24 33132 25 USA

29 33132 30 USA

9. Name and Address of Current Registered Agent

KEARNEY, PATRICIO
1470 NE 123 STREET APT 1210
NO MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name KEARNEY, PATRICIO
82 Street Address (P.O. Box Number is Not Acceptable)
17890 NE 31ST # 3115
83
84 City AVENTURA FL 85 Zip Code 33160

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

TITLE D ☐ DELETE
NAME KEARNEY, PATRICIO
STREET ADDRESS 1470 NE 123 ST STE 1210
CITY-ST-ZIP NO MIAMI FL 33161

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 #

CR2E034 (11/98)