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Mar 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000038486

1. Corporation Name
PIPO & SON GROUP CORP.



Principal Place of Business: 2834 N MIAMI AVENUE MIAMI FL 33127
 Mailing Address: 2834 N MIAMI AVENUE MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt. #, etc. City & State: 23 Zip: 24
 2a. Mailing Address: 26 3052 NW 15 ST. Suite, Apt. #, etc. City & State: 27 MIAMI, FL Zip: 29 33125 Country: 30 MIAMIDADE

3. Date Incorporated or Qualified: 04/30/1997
 4. FEI Number: 65-0749765 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

9. Name and Address of Current Registered Agent
 ARRAZCAETA, RAMON D J
 2834 N MIAMI AVENUE
 MIAMI FL 33127

10. Name and Address of New Registered Agent
 81 Name: JEANNINE RAMIREZ
 82 Street Address (P.O. Box Number Is Not Acceptable): 3052 NW 15 ST
 83
 84 City: MIAMI, FL 85 Zip Code: 33125

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: *Jeannine Ramirez* DATE: 4/13/99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRAZCAETA, RAMON D J	1.2 NAME	JEANNINE RAMIREZ
STREET ADDRESS	2834 N MIAMI AVENUE	1.3 STREET ADDRESS	3052 NW 15 ST
CITY-ST-ZIP	MIAMI FL 33127	1.4 CITY-ST-ZIP	MIAMI, FL 33125
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	T ANDRES VALLINA
STREET ADDRESS		2.3 STREET ADDRESS	3052 NW 15 ST
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL 33125
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	S MONICA DAVALOS
STREET ADDRESS		3.3 STREET ADDRESS	3052 NW 15 ST
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL 33125
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 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: *Jeannine Ramirez* DATE: 3/2/99 DAYTIME PHONE #: 305 573 5773

CR2E034 (11/98)