2000	UNIFORM BUSI	NESS REPOF	RT (UBR)			
OCUMENT # P97000044054						
P&P Holdings, Inc.				F!	FILED	
				00 MAY -2 PM 2: 50		
9415 S.W. 166 Ct. 9415 S.W. 166 Maining, FL 33196 Miami, FL				SECRETARY OF STATE TALLAHASSEE FLORIDA		
Principal Place of Business 94/5 S.W. 166 C+. Suite, Apt. #, etc. 3. Mailing Address 94/5 S.W. Suite, Apt. #, etc.			166 Ct.	DO NOT WRITE IN THIS SPACE		
City & State	: F/.	City & State Miomi, FL	•	4. FEI Number 65-0757/06	Applied For Not Applicable	
Zip 33/9	Country	Zip 33/96	Country Dode	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent		
105 Mid	ce I. Prats oy S.W. 4th. St. min, FL 33174	the purpose of changing its re	City	ress (P.O. Box Number is Not Acceptable) gistered agent, or both, in the State of Florida.	Zip Code	
9. This corpor		FILE NOWII After MAY 1: 200 Make Check Payabl	Contract the standard and asset is a vin	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11. A.	President Directo. Prats Mario 10504 S.W. 4th. St		TITLE NAME STREET ADDRESS	ADDITIONS/OFFARICES TO STATES.	Change Addition	
STREET ADERESS CITY-ST-ZIP	Mami, FL 331	14	CITY-ST-ZIP		, Durse	
NAME STREET ADDRESS CITY-ST-ZIP	Prats, Dulce I. ST	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000032 -05/10/0 ****150)001016015	
TITLE NAME STREET ADDRESS	14/mmc, 1- C 32/1)	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS	Secretary + Direct Padron, Maritza 94x S.W. 166 Ct.	tor Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	Miomi, FL 3319	6 □ Delete	TITLE NAME STREET ADDRESS	V.P. D Padron, Wilfredo R. 9415 S.W. 166 CT.	☐ Change X Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	TITLE HAME STREET ADDRESS CITY-ST-ZIP	Miami, PC 33116	☐ Change ☐ Addition	
13. I hereby indicated of the co	certify that the information supplied wit on this report or supplemental report rporation or the receiver or trustee emp	h this filing does not qualify fo s true and accurate and that r lowered to execute this report	r the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I furthing the same legal effect as if made under oath; to the 607, Florida Statutes; and that my name appears	er certify that the information hat I am an officer or director gars in Block 11 or Block 12 if	

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Moritza Padron

SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00 (305)386-2770