## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandrø B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000048995 (9)

P & T IMPROVEMENT, CORP.

Principal Place of Business 15595 SW 57 LANE MIAMI FL 33193 Mailing Address

15595 SW 57 LANE MIAMI FL 33193

## FILED May 04 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Principal Place of Business
Suite, Apt. #, etc.  Suite, Ap
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.
City & State  Country  Zip  Country  Zip  Country  Zip  Country  Registered Agent  10. Name and Address of New Registered Agent  FONTANE, JOSE R  15595 SW 57 LANE MIAMI FL 33193  E2 Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  FIL B8 Zip Code  11. Pursuant to the provisions of Socions 607 0502 and 607 1508. Florida Statutes  Street Address (P.O. Box Number is Not Acceptable)  FIL B8 Zip Code  11. Pursuant to the provisions of Socions 607 0502 and 607 1508. Florida Statutes  Street Address (P.O. Box Number is Not Acceptable)  FIL B8 Zip Code  11. Pursuant to the provisions of Socions 607 0502 and 607 1508. Florida Statutes  Street Address (P.O. Box Number is Not Acceptable)  FIL B8 Zip Code  11. Pursuant to the provisions of Socions 607 0502 and 607 1508. Florida Statutes  Street Address (P.O. Box Number is Not Acceptable)  FIL B8 Zip Code  11. Pursuant to the provisions of Socions 607 0502 and 607 1508. Florida Statutes  Street Address (P.O. Box Number is Not Acceptable)  FIL B8 Zip Code  11. Pursuant to the provisions of Socions 607 0502 and 607 1508. Florida Statutes  Street Address (P.O. Box Number is Not Acceptable)  FIL B8 Zip Code  11. Pursuant to the provisions of Socions 607 0502 and 607 1508. Florida Statutes  Street Address (P.O. Box Number is Not Acceptable)  FIL B8 Zip Code  11. Pursuant to the provisions of Socions 607 0502 and 607 1508. Florida Statutes  FIL B8 Zip Code  11. Pursuant to the provisions of Socions 607 0502 and 607 1508. Florida Statutes  FIL B8 Zip Code  11. Pursuant to the provisions of Socions 607 0502 and 607 1508. Florida Statutes  FIL B8 Zip Code  11. Pursuant to the provision of Socions 607 0502 and 607 1508. Florida Statutes  FIL B8 Zip Code  11. Pursuant to the provision of Socions 6
Zip Country Zip Country B. Trust Fund Contribution Added to Fees  Zip Country B. Trust Fund Contribution Added to Fees  Zip Country B. Trust Fund Contribution Added to Fees  8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes S. No  9. Name and Address of Current Registered Agent  FONTANE, JOSE R 15595 SW 57 LANE MIAMI FL 33193  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statules, 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 Statules.  SIGNATURE  12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  14. OUT ST. Zip  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  15. OFFICERS AND DIRECTORS 14. OUT ST. Zip  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  16. Change Addition  17. Addition  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  18. ADDITION
Zip Country Zip Country
28 29 30 Personal Property Tax due June 30. Yos \$\frac{1}{2}\$No  2 Name and Address of Current Registered Agent  FONTANE, JOSE R 15595 SW 57 LANE MIAMI FL 33193  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  85 Zip Code  11. Pursuant to the provisions of Soctions 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 in an familiar with, and accept the obligations of Sections 607.0505, Florida Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17TILE  10 DELETE  11. TITLE  11. TITLE  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. SIREET ADDRESS  CITY-ST-ZIP  TITLE  14. CITY-ST-ZIP  TITLE  15. TITLE  16. Change  17. Addition  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. Change  10. Name and Address of New Registered Agent  15. Description in the State of New Registered Agent  15. Description in the State of New Registered Agent  15. Description in the State of New Registered Agent  15. Description in the State of New Registered Agent  15. Description in the State of New Registered Agent  15. Description in the State of New Registered Agent  15. Description in the State of New Registered Agent  15. Description in the State of New Registered Agent  15. Description in the State of New Registered Agent  15. Description in the State of New Registered  15. Descript
FONTANE, JOSE R 15595 SW 57 LANE MIAMI FL 33193  15. Pursuant to the provisions of Soctions 607 0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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 and lamber of required agent and line if applicable.  SIGNATURE    Signature, typed or protect name of required agent and line if applicable.   (NOTE Registered Agent signature required when reinstaling)   DATE   DO
FONTANE, JOSE R 15595 SW 57 LANE MIAMI FL 33193  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Soctions 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, a m familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  DELETE  11. TITLE  DELETE  12. TITLE  DELETE  21. TITLE  DELETE  31. TITLE  DELETE  31. TITLE  DELETE  Addition  Addition  Addition  Addition  Addition  Addition  Addition
### DELETE   DELETE   DELETE   Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33193  84 City  FL 85 Zip Code  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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature:  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD DELETE  1.1 TITLE  PO DELETE  1.3 STREET ADDRESS  MIAMI FL 33193  1.4 CITY-ST-ZIP  TITLE  DELETE  2.3 STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  Change  Addition
### City ### City ### FL   85   Zip Code  11. Pursuant to the provisions of Soctions 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 profess name of registered agent and title If applicable (NOTE Registered Agent alignature required when reinstating)  ### DATE    12.
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Signature typed or printed name of tagistered agent and little if applicable   NOTE Registered Agent signature required when reinstaling)   DATE
12. OFFICERS AND DIRECTORS  TITLE PD DELETE 1.1 TITLE FONTANE, JOSE R 12 NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33193 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE DELETE 2.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 2.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition
TITLE
1.3 STREET ADDRESS
CITY-ST-ZIP         MIAMN FL 33193         1.4 CITY-ST-ZIP           TITLE         DELETE         2.1 TITLE         Change         Addition           NAME         22 NAME         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         Change         Addition           TITLE         DELETE         3.1 TITLE         Change         Addition
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TITLE         DELETE         2.1 TITLE         Change         Addition           NAME         22 NAME         CITY-ST-ZIP         2.3 STREET ADDRESS         CITY-ST-ZIP         CTY-ST-ZIP         CTY-ST-ZIP         CTY-ST-ZIP         CTY-ST-ZIP         CTY-ST-ZIP         CTY-ST-ZIP         CTY-ST-ZIP         CTY-ST-ZIP         Addition
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CITY-ST-ZIP         2 4 CITY-ST-ZIP           TITLE         DELETE         31 TITLE         Change         Addition
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TITLE DELETE 6.1 TITLE Change Addition
NAME 62 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing doos 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 trustoe 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.

SIGNATURE:

04/25/98