

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

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---

DOCUMENT # P97000049249 (0)

1. Corporation Name
P/L LIMITED, INC.

Principal Place of Business C/O KLUGER, PERETZ, KAPLAN & BERLIN, P.A. 201 S BISCAYNE BLVD 1970 MIAMI CENTER MIAMI FL 33131	Mailing Address C/O KLUGER, PERETZ, KAPLAN & BERLIN, P.A. 201 S BISCAYNE BLVD 1970 MIAMI CENTER MIAMI FL 33131
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1997

4. FEI Number

65-0759667

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 or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

EHRENSTEIN, MICHAEL D
201 S BISCAYNE BLVD
1970 MIAMI CENTER
MIAMI FL 33131

81. Name

Miami Center Registered Agents, Inc.
201 South Biscayne Boulevard
Suite 1700
Miami, Florida 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the
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

By: *[Signature]*

V.P.

(NOTE: Registered Agent signature required when reinstating)

4/29/98

12. OFFICERS AND DIRECTORS

TITLE	PRES. - D	☐ DELETE
NAME	PAUL J LEIGHT	
STREET ADDRESS	12000 BISCAYNE BLVD 509	
CITY-ST-ZIP	NO. MIAMI, FL. 33141	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 required, or on an attachment with an address.

SIGNATURE:

[Signature] Paul Leight

4/29/98

305-891-3595

CR2E034 (10/97)