

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

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000064852 (1) 1. Corporation Name P.H. DENNETT CORPORATION			
Principal Place of Business 600 NORTHWEST 194TH STREET MIAMI FL 33169		Mailing Address 600 NORTHWEST 194TH STREET MIAMI FL 33169	
2. Principal Place of Business 21 600 NW Suite, Apt. #, etc. 22 194 ST City & State 23 MIAMI FL Zip 24 FL		2a. Mailing Address 26 600 N W Suite, Apt. #, etc. 27 194 ST City & State 28 MIAMI FL Zip 29 33169 Country 30 DADE	
g. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name ANA AGUILAR 82 Street Address (P.O. Box Number is Not Acceptable) 3911 SW 32 AV 83 HOLLYWOOD 84 City HOLLYWOOD FL 85 Zip Code 33023	
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 <i>[Signature]</i> DATE 5/22/98 (NOTE: Registered Agent signature required when re-appointing)			
12. OFFICERS AND DIRECTORS TITLE PD <input type="checkbox"/> DELETE NAME DENNETT, PEDRO H STREET ADDRESS 600 NORTHWEST 194TH STREET CITY-ST-ZIP MIAMI FL 33169 TITLE T <input type="checkbox"/> DELETE NAME DENNETT, JENNIE STREET ADDRESS 600 NORTHWEST 194TH STREET CITY-ST-ZIP MIAMI FL 33169 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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.			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/28/1997

4. FEI Number **65-0770318** 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

SIGNATURE: *[Signature]*

5/21/98 305 8126039

CR2E034 (10/97)