

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0023405

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 NOV 23 PM 3:05

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000065922 (1)
 1. Corporation Name

PIRTS, INC.



REINSTATEMENT 98

Principal Place of Business: 8211 N.W. 169 TERRACE MIAMI FL 33016
 Mailing Address: 8211 N.W. 169 TERRACE MIAMI FL 33016

3. Date Incorporated or Qualified

07/28/1997

2. Principal Place of Business: 21
 2a. Mailing Address: 26

Suite, Apt. #, etc.: 22

City & State: 23

Zip: 24 Country: 25

Zip: 29 Country: 30

4. FEI Number

650767871

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

BECKLES, INGRID
 8211 N.W. 169 TERRACE
 MIAMI FL 33016

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 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. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: INGRID BECKLES, President *Ingrid Beckles*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALEXANDER, HYACINTH L	
STREET ADDRESS	8211 N.W. 169 TERRACE	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BECKLES, INGRID	
STREET ADDRESS	8211 N.W. 169 TERRACE	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRANDON, RONALD	
STREET ADDRESS	8211 N.W. 169 TERRACE	
CITY-ST-ZIP	MIAMI FL 33016	
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		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	400002699274-9
1.4 CITY-ST-ZIP	-12/01/98-01075-004 ****750.00 ****750.00
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)(f), 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.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/26/98
 Daytime Phone #: 305-822-2646

CR2ED34 (5/98)