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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 08 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000066684 (6)

PMG REALTY AND INVESTMENT, INC.

| Principal Place of Business 1432 W 49 STREET HALEAH FL 33012 1432 W 49 STREET HALEAH FL 33012 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/01/1997 2. Principal Place of Business 2a. Meiling Address 4. FEI Number 6. Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 City & State City & State City & State City & State Country 28 Zip Zip Country 29 30 30 30 30 30 30 30 30 30 3 |
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| HALEAH FL 33012 HALEAH FL 33012 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/01/1997 2. Principal Place of Business 22. Mailing Address 24. FEI Number 55. Certificate of Status Desired 55. Certificate of Status Desired 65. Certificate of Status Desired 77. Suite, Apt. #, etc. 78. Trust Fund Contribution 79. Nort Applicable 79. Country 70. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 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 agent, or hoth, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. SIGNATURE SIGNATURE 10. Not Applicable 86. Election Campaign Financing 87. Additional Fee Required 6. Election Campaign Financing 87. Trust Fund Contribution 98. Trust Fund Contribution 98. Trust Fund Contribution 99. Name and Address of Current Registered Agent 99. Name and Address of New Registered Agent 99. Name and |
| DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 8/01/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 6. Election Campaign Financing 7 Food May Be 8 Food May Be 9 Food May Be 10 Name and Address of New Registered Agent 10 Name and Address of New Registered Agen |
| 3. Date Incorporated or Qualified 08/01/1997 2. Principal Place of Business 28. Mailing Address 4. FEI Number 5. OB 03454 Not Applied For Not Applied For Not Applied For Suite, Apt. #, etc. Suite |
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| City & State Trust Fund Contribution Added to Fees Added to Fees |
| 28 |
| Zip Country Zip Country 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 GALLINAR, PEDRO M 1432 W 49 STREET HIALEAH FL 33012 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 |
| 24 25 29 30 Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent GALLINAR, PEDRO M 1432 W 49 STREET HIALEAH FL 33012 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE |
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| SIGNATURE Stonature, typed or print dinarie of regressed gams and title dispolicable (NOTE Begistered Agent signature required when reinstating) DATE |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature registered when reinstating) DATE |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE D DELETE 1.1 TITLE D Change Addition |
| NAME GALLINAR, PEDRO M 1.2 NAME |
| STREET ADDRESS 1432 W 49 STREET 1.3 STREET ADDRESS |
| CITY-ST-ZIP HIALEAH FL 33012 1.4 CITY-ST-ZIP |
| TITLE DELETE 2.1 TITLE Change Addition |
| NAME 22 NAME |
| STREET ADDRESS 2.3 STREET ADDRESS : |
| CITY-ST-ZIP |
| NAME 32 NAME |
| STREET ADDRESS 33 STREET ADDRESS |
| CITY-ST-ZIP 3.4. CITY-ST-ZIP |
| TITLE DELETE 4.1 TITLE Change Addition |
| NAME 4.2 NAME |
| STREET ADDRESS 4.3 STHEET ADDRESS |
| CITY-ST-ZIP 44 CITY-ST-ZIP |
| TITUE DELETE 51 TITLE Change Addition |
| NAME 52 NAME |
| STREET ADDRESS 53 STREET ADDRESS 54 CTV CV 7/D |
| CITY-ST-ZIP 5 4 CITY-ST-ZIP TITLE DELETE 6 ↑ TITLE Change Addition |
| NAME 62 NAME |
| STREET ADDRESS 63 STREET ADDRESS |

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 roport 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 co-position 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 changet, or in an attachment with a paddress. 11-20.90