


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

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90037 019 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
------------------------------------------------	-----------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------

DOCUMENT # P98000001783

1. Corporation Name  
P&O PARTNERS, INC.

Principal Place of Business  
6201 SW 145TH STREET  
MIAMI FL 33158

Mailing Address  
6201 SW 145TH STREET  
MIAMI FL 33158

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/08/1998

4. FEI Number: 65-0807573  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

OLLE, DENNIS J ESQ  
2601 SOUTH BAYSHORE DRIVE  
SUITE 1600  
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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

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																								
<table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>BRASHEARS, WILLIAM B</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1224 SOUTH HAMILTON STREET</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>DALTON GA 30720</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> DELETE	NAME	BRASHEARS, WILLIAM B		STREET ADDRESS	1224 SOUTH HAMILTON STREET		CITY-ST-ZIP	DALTON GA 30720		<table><tr><td>1.1 TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>1.2 NAME</td><td></td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>1.4 CITY-ST-ZIP</td><td></td><td></td></tr></table>	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME			1.3 STREET ADDRESS			1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE																							
NAME	BRASHEARS, WILLIAM B																								
STREET ADDRESS	1224 SOUTH HAMILTON STREET																								
CITY-ST-ZIP	DALTON GA 30720																								
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
1.2 NAME																									
1.3 STREET ADDRESS																									
1.4 CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>BRUMFIELD, CRAIG A</td><td></td></tr><tr><td>STREET ADDRESS</td><td>6201 SW 145TH STREET</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI FL 33158</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> DELETE	NAME	BRUMFIELD, CRAIG A		STREET ADDRESS	6201 SW 145TH STREET		CITY-ST-ZIP	MIAMI FL 33158		<table><tr><td>2.1 TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>2.2 NAME</td><td></td><td></td></tr><tr><td>2.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>2.4 CITY-ST-ZIP</td><td></td><td></td></tr></table>	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME			2.3 STREET ADDRESS			2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE																							
NAME	BRUMFIELD, CRAIG A																								
STREET ADDRESS	6201 SW 145TH STREET																								
CITY-ST-ZIP	MIAMI FL 33158																								
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
2.2 NAME																									
2.3 STREET ADDRESS																									
2.4 CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>DUDZIAK, WILLIAM</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2430 NE 35TH STREET</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>LIGHTHOUSE POINT FL 33064</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> DELETE	NAME	DUDZIAK, WILLIAM		STREET ADDRESS	2430 NE 35TH STREET		CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		<table><tr><td>3.1 TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>3.2 NAME</td><td></td><td></td></tr><tr><td>3.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>3.4 CITY-ST-ZIP</td><td></td><td></td></tr></table>	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME			3.3 STREET ADDRESS			3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE																							
NAME	DUDZIAK, WILLIAM																								
STREET ADDRESS	2430 NE 35TH STREET																								
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064																								
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
3.2 NAME																									
3.3 STREET ADDRESS																									
3.4 CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>RICHARDSON, THOMAS</td><td></td></tr><tr><td>STREET ADDRESS</td><td>6411 SW 98TH STREET</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI FL 33156</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> DELETE	NAME	RICHARDSON, THOMAS		STREET ADDRESS	6411 SW 98TH STREET		CITY-ST-ZIP	MIAMI FL 33156		<table><tr><td>4.1 TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>4.2 NAME</td><td></td><td></td></tr><tr><td>4.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>4.4 CITY-ST-ZIP</td><td></td><td></td></tr></table>	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE																							
NAME	RICHARDSON, THOMAS																								
STREET ADDRESS	6411 SW 98TH STREET																								
CITY-ST-ZIP	MIAMI FL 33156																								
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
4.2 NAME																									
4.3 STREET ADDRESS																									
4.4 CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>VIDUARRETA, GUS</td><td></td></tr><tr><td>STREET ADDRESS</td><td>7650 CORPORATE CENTER DRIVE - FIFTH FLOOR</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI FL 33126</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> DELETE	NAME	VIDUARRETA, GUS		STREET ADDRESS	7650 CORPORATE CENTER DRIVE - FIFTH FLOOR		CITY-ST-ZIP	MIAMI FL 33126		<table><tr><td>5.1 TITLE</td><td></td><td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>5.2 NAME</td><td></td><td></td></tr><tr><td>5.3 STREET ADDRESS</td><td>2917 LAKE AVENUE</td><td></td></tr><tr><td>5.4 CITY-ST-ZIP</td><td>MIAMI BEACH, FL 33140</td><td></td></tr></table>	5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME			5.3 STREET ADDRESS	2917 LAKE AVENUE		5.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	D	<input type="checkbox"/> DELETE																							
NAME	VIDUARRETA, GUS																								
STREET ADDRESS	7650 CORPORATE CENTER DRIVE - FIFTH FLOOR																								
CITY-ST-ZIP	MIAMI FL 33126																								
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																							
5.2 NAME																									
5.3 STREET ADDRESS	2917 LAKE AVENUE																								
5.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140																								
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>6.1 TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>6.2 NAME</td><td></td><td></td></tr><tr><td>6.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>6.4 CITY-ST-ZIP</td><td></td><td></td></tr></table>	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE																							
NAME																									
STREET ADDRESS																									
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, with all other like empowered.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99  
Date

305-238-6822  
Daytime Phone #

CR2E034 (11/98)