01231999-90069-017-\$155.00-\$155.00

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

Jan 23, 1999 8:00 am FLORIDA DEPARTMENT OF STATE Secretary of State CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 01-23-1999 90069 017 ***155.00 DIVISION OF CORPORATIONS 1999 DOCUMENT # P98000023422 PGG, INC. Principal Place of Business Mailing Address 6480 ALLISON ISLAND 6480 ALLISON ISLAND MIAM BEACH FL 33141 MIAMI BEACH FL 33141 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 03/10/1998 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-083249 Not Applicable 26 21 8.75 Additional Suite, Apt. #, etc. Sulte, Apl. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State - -\$5.00 May Be 6." Election Campaign Financing City & State -Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation owas the current year intangible Zip XNo U.S.A. Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GLASER, ALLAN Street Address (P.O. Box Number is Not Acceptable) 82 11900 BISCAYNE BOULEVARD SUITE 807 83 MIAMI FL 33141 **B**5 Zip Code 84 City 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 register 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 DATE Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ DELETE 11 DT F TITLE pres. GRABARNICK, GENE DIRECTO F 1.2 NAME NAME 6480 ALLISON ISLAND 13 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33141 14 CITY-ST-ZIP CITY-ST-Z# Change Addition DELETE 2.1 TTILE TITLE Sec. GRABARNICK, GARETT 22 NAME NAME D. RECTOF 6480 ALLISON ISLAND 2.3 STREET ADDRESS STREET ADDRES MIAMI BEACH FL 33141 2.4 CITY-ST-ZIP CITY-ST-ZIP V. P. DIRECTOR Change Addition DELETE GRABARNICK, TRACI K.P. 31 TITLE TILE GRABARACK NAME 480 ALCISON IS 3 3 STREET ADDRESS STREET ADDRESS MIAMI BEACH, CITY-ST-ZIP 34 CITY-ST-ZIP Addition ☐ Change OELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.1 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE S I TITLE TITLE 5.2 NAME NAME 5.3 STREET ACCRESS STREET ADDRESS 54 City-St-ZIP CITY-ST-ZP 61 TITLE Change ☐ Addition DELETE TITLE 6.2 NAME NAME BU STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filling 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:

BRONATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

Daysing Phone 4