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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000078326

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90013 041 ***150.00

1. Corporation P&PIN	NSPECTIONS, INC.				
Principal Plac	e of Business	Mailing Address			11 (8 6 1 (8 1 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
14555 S.W. 56TH TERRACE 14555 S.W. 56TH TERRACE MIAMI FL 33183 MIAMI FL 33183			Ī	DO NOT WRITE IN TH	ic cdace
				3. Date Incorporated or Qualifed	IS SPACE
				09/10/1998	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	<u> </u>	65-0863488	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Star	te	City & State		6. Election Campaign Financing	\$5.00 May Be
7in	Country		Country	Trust Fund Contribution	Added to Fees
Zip	Country 25	29	30	 This corporation owes the current year Personal Property Tax. 	mtangible ☐Yes ☐No
24	9. Name and Address of Curr		30	10. Name and Address of New Registere	
			81 Name		
	ROM, JOSE R		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
14555 S.W. 56TH TERRACE MIAMI FL 33183					_;
MIA	WI FL 33 163		83	·	
			84 City	F	
office or	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the obli	ite of Florida. Such change was a	uthorized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered cointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE AND DIRECTORS	Registered Agent signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	ADDITIONS/GITANGES TO OFFIGERS	Change Addition
NAME	PEDRON, JOSE R		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS "		
CITY-ST-ZIP	MIAMI FL 33183		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
TITLE NAME		C pecale	3.2 NAME		المعاددة المعادد الم
STREET ADDRESS			3.3 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 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		□ bereie	6.2 NAME		Coulouse Changing
NAME	1		- U.E. 1 - U.E.		
STREET ADDOCSS			6.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS		

14. Thereby 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:

MEAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. PEDRON

1-7-99

445-9025

Daytime Phone #