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

September 1 K. Sept.

STREET ADDRESS

FILED PROFIT Feb 11 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S08747 (5) PHP INVESTMENT INC. Principal Place of Business Mailing Address 545 MICHIGAN #1 1980 BAY DR MIAMI BEACH FL 33139 MIAMI BOH FL 33141 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/18/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0224017 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Ζip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name **GOLDSTEIN, LEROY** 545 MICHIGAN Street Address (P.O. Box Number is Not Acceptable) SUITE 1 83 MIAMI BEACH FL 33139 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 no obligations of, Section 607.0505, Florida Statutes. SIGNATUR (NOTE: Registered Agent signature required when reinstating) ne of registered agent and title it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change Addition DELETE 1.1 TITLE TITLE **GOLDSTEIN, LEROY** NAME 1.2 NAME 545 MICHIGAN #1 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE ☐ Change ■ Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-S1-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change noitibhA DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 6.1 THLE TITLE 62 NAME NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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 altachment with an address.