
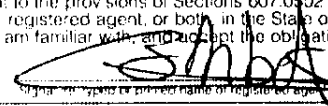


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
FILED

97 MAY 28 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V 13049 1. Corporation Name P. B. INVESTORS INC.					
Principal Place of Business 1890 South Ocean Drive East Building #406 Hallandale, Florida 33009		Mailing Address 1890 South Ocean Drive East Building #406 Hallandale, Florida 33009			
2. Principal Place of Business 21 1890 South Ocean Drive Suite, Apt. #, etc. 22 East Building #406 City & State 23 Hallandale, Florida Zip 24 33009		2a. Mailing Address 26 1890 South Ocean Drive Suite, Apt. #, etc. 27 East Building #406 City & State 28 Hallandale, Florida Zip 29 33009		3. Date Incorporated or Qualified 02 / 10 / 1992 3a. Date of Last Report 03 / 07 / 1994 4. FEI Number 65-0316568 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent Perla Bohbot 1890 South Ocean Drive East Building #406 Hallandale, Florida 33009			10. Name and Address of New Registered Agent 81 Name Perla Bohbot 82 Street Address (P.O. Box Number is Not Acceptable) 1890 South Ocean Drive 83 East Building #406 84 City Hallandale FL 85 Zip Code 33009		
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  (NOTE: Registered Agent Signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS 11 TITLE PRESIDENT - SECRETARY <input type="checkbox"/> DELETE 12 NAME Perla BOHBOT 13 STREET ADDRESS 1890 South Ocean Drive 14 CITY-ST-ZIP Hallandale, Florida 33009 <input type="checkbox"/> DELETE 21 TITLE <input type="checkbox"/> DELETE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE <input type="checkbox"/> DELETE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE <input type="checkbox"/> DELETE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE <input type="checkbox"/> DELETE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE <input type="checkbox"/> DELETE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 97

Date

Daytime Phone #

CR2E034 (9/96)