

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Bureau of Corporations
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUN -1 AM 11:28

DOCUMENT # **V40280**

1. Corporation Name

P+P Group, Corp.

Principal Place of Business

Mailing Address

**1862 N.W. 82nd AVENUE
MIAMI, FLORIDA 33126**

2. Principal Place of Business

21 **1862 NW 82nd AVE**

2b. Mailing Address

26 **1862 NW 82nd AVENUE**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

MIAMI, FLORIDA

28 City & State

MIAMI, FLORIDA

24 Zip

33126

25 Country

USA

29 Zip

33126

30 Country

USA

9. Name and Address of Current Registered Agent

**GASPAR GARLES
1862 NW 82nd AVENUE
MIAMI, FL. 33126**

3. Date Incorporated or Qualified

MAY 11, 1992

3a. Date of Last Report

MAY/94

4. FID Number

65-0337508

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be

Added to Fees

7. This corporation has filed its corporation's first report of 1993/94

Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 City

84 State

FL

85 Zip Code

33126

11. I, the undersigned, in compliance with Sections 607.005 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 607.005, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. TITLE

15. NAME

16. STREET ADDRESS

17. CITY, STATE, ZIP

**PRESIDENT
MIGUEL ANGEL DIGENNARO
DETA 345 100 PISO OF D
BUENOS AIRES, ARGENTINA 1067**

18. TITLE

19. NAME

20. STREET ADDRESS

21. CITY, STATE, ZIP

22. TITLE

23. NAME

24. STREET ADDRESS

25. CITY, STATE, ZIP

26. TITLE

27. NAME

28. STREET ADDRESS

29. CITY, STATE, ZIP

30. TITLE

31. NAME

32. STREET ADDRESS

33. CITY, STATE, ZIP

34. TITLE

35. NAME

36. STREET ADDRESS

37. CITY, STATE, ZIP

38. TITLE

39. NAME

40. STREET ADDRESS

41. CITY, STATE, ZIP

42. TITLE

43. NAME

44. STREET ADDRESS

45. CITY, STATE, ZIP

46. TITLE

47. NAME

48. STREET ADDRESS

49. CITY, STATE, ZIP

18. TITLE

19. NAME

20. STREET ADDRESS

21. CITY, STATE, ZIP

**VICE PRESIDENT
SALVADOR INFANTE
DETA 345 100 PISO OF D
BUENOS AIRES, ARGENTINA 1067**

22. TITLE

23. NAME

24. STREET ADDRESS

25. CITY, STATE, ZIP

26. TITLE

27. NAME

28. STREET ADDRESS

29. CITY, STATE, ZIP

**TREASURER/CONTROLLER
GASPAR GARLES
1862 NW 82nd AVE
MIAMI, FL 33126**

30. TITLE

31. NAME

32. STREET ADDRESS

33. CITY, STATE, ZIP

34. TITLE

35. NAME

36. STREET ADDRESS

37. CITY, STATE, ZIP

38. TITLE

39. NAME

40. STREET ADDRESS

41. CITY, STATE, ZIP

42. TITLE

43. NAME

44. STREET ADDRESS

45. CITY, STATE, ZIP

SIGNATURE: **GASPAR GARLES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/12/95 (305) 471-2488

DATE AND TELEPHONE NUMBER OF REGISTERED AGENT

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 135.01(2)(b), Florida Statutes. I further certify that the information included on the 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 135, Florida Statutes, and that my name appears in Block 12 or 13 of this report. If changed, my name is attached with an address.