SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) emplorida department of state **PROFIT** FILED SECRETARY OF STATE DIVISION OF CORPORATIONS CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 97 OCT 28 PM 3: 08 **DOCUMENT** # V40280 (2)P & P GROUP, CORP. Principal Place of Business Mailing Address 4000 N.W. OZNO AVE. 1002 N.W. 82ND AVE. MIAMI PL 33126 MIAMI FL 93128 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report05/11/1992 4. FEI Number 06/20/,1996 2. Principal Place of Business
1 9032 N.W. 12 Steel 2a. Mailing Address 26 9032N,W. 12 STRECT Applied For Not Applicable -65-0337508 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be MIAMI, FL 23 28 Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No DAOE 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GARCES, GASPAR 1802 N.W. 82ND AVE. Street Address (P.O. Box Number is Not Accepted 1932 NW 2 STR 82 MIAMI FL 33122 83 84 City bove-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes
office or registered agont, or both, in the State of Florida. Such change was an
agent. I am lamiliar with, and accept the obligations of, Section 607.0505, Florida. **SIGNATURE** 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 P DELETE TITLE 1.1 T(T) E NAME INFANTE, SALVADOR 1.2 NAME -10/29/97--04/26--005 PERU 345 PISO OF D STREET ADDRESS 1.3 STREET ADDRESS ****750.00 ****750.00 BUENO AIRES, ARGINT. CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE Change Addition 21 TITLE NAME Garces, Gaspar 2.2 NAME 9032 NW 12 STREET STREET ADDRESS 1002 NW 82ND AVE. 2.3 STREET ADDRESS CITY-ST-ZIP MIAMI PL 33126 2.4 CITY-ST-ZIP Change TITLE ☐ DELETE 3.1 TITLE Addition NAME GARCES, MARIA EUGENIA 3.2 NAME 9032 NW 12 STREET MIAMI, FL 33172 1862 NW 6280 AVE STREET ADDRESS 3.3 STREET ADDRESS MIAMI-FL-CITY-ST-ZIP 3 4. CITY - ST - 71P DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - St - ZIP **70000233324**m — D.M. -10/23/97--01126--006 DELETE TITLE 5.1 TITLE NAME . 5.2 NAME *****8.75 ******8.75 STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do hereby 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 a blual 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 corp ration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

f am an officer or director of the cor appears in Block 12 or Block 13