APPROVED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE 98 MAR 30 AM 11: 35 CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State SECRETARY OF STATE TALLAHASSEE, FLORIDA DIVISION OF CORPORATIONS 1998 DOCUMENT # 336882 (6)YOLANDA APARTMENTS INC Principal Place of Business Mailing Address 2300 CORAL WAY 2300 CORAL WAY #200 #200 DO NOT WRITE IN THIS SPACE MIAMI FL 33145 MIAM! FL 33145 HS ШŜ 3. Date Incorporated or Qualified 10/24/1968 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 2300 CORAL WAY 59-1407864 2300 CORAL WAY Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 SUITE #200 SUITE #200 City & State City & State \$5.00 May Be 6. Election Campaign Financing MIAMI, FLORIDA 23 MIAMI, FLORIDA 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 U.S. 29 33145 9. Name and Address of Current Registered Agent 30 U.S. 10. Name and Address of New Registered Agent 81 Name FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY 82 #200 83 MIAMI FL 33145 ****150_00 84 City 11. Pursuant to the provisions of Sections 607,0502 a office of registered agent for both, in the State of of Sections 607.0502 and 607.1508, Florida Statutes, the above-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 and accept the acceptance and accept the acceptance accept the acceptance acceptance and acceptance acceptance acceptance acceptance acceptance and acceptance a gegister am AMADA CANTERA LOPEZ/PRES SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change Addition 1.1 TITLE TITLE PARADA, ANTONIO NAME 1.2 NAME 1754 S.W. 14TH STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 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

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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.

CITY-ST-ZIP

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