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

## **FILED** Jan 29 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B, Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # F41063 (1) EARNEST & STEWART, INC. Principal Place of Business Mailing Address 1526 PONCE DE LEON BLVD. 1526 PONCE DE LEON BLVD. CORAL GABLES FL 33134 CORAL GABLES FL 33134 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/10/1981 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-2115146 21 26 Not Applicable Suite Act. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30, ☐ Yes ⊠ No 24 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 EARNEST, WALTER G, JR 1526 PONCE DE LEON BLVD. Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 City 85 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE ☐ Change EARNEST, WALTER G, JR NAME 12 NAME 5821 SW 89TH PL STREET ADDRESS 1.3 STREET ADDRESS MIAMI, FL 00000 1.4 CITY - ST - ZIP CMY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE STEWART, CONSUELO T 2.2 NAME NAME STREET ADDRESS 8209 LOS PINOS CR 2.3 STREET ADDRESS CORAL GABLES, FL 00000 CITY-ST-ZIP 2, 4 CITY-ST-ZIP DELETE 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 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST- ZIP CITY - ST - ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 chapted, on an attachmept with an address.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

CITY - ST - ZIP

STREET ADDRESS

TITLE

NAME

305-445-8511

Change

Addition

(10/97

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