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

Mailing Address

MIAMI FL 33133-5401

Mailing Address

Suite Apt # etc

City & State

26

2665 S. BAYSHORE DR. SUITE 900

CORPORATION ANNUAL REPORT

1997

Principal Place of Business

MIAMI FL 33133

21

22

2665 S. BAYSHORE DR. SUITE 900

Principal Place of Business

Suite, Apt. #, etc

SIGNATURE:

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600001832 (2)

STATON OPERATIONS, INC.

23 Added to Fees 28 Trust Fund Contribution Country Country Zτρ This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RICHARDS, TIMOTHY D ESQ 2665 S. BAYSHORE DR, SUITE 900 Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33133** 83 84 City 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 Signarine typed or printed name of registered agent and title if applicable (NOTE: Flegistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE Change TITLE 1.1 TITLE STATON, ALBERT H JR NAME 1.2 NAME 2665 S. BAYSHORE DR, SUITE 900 STREET ADDRESS 13 STREET ADDRESS **MIAMI FL 33133** CITY-ST-ZIP 14 CITY-ST-ZIP ☐ DELETE 2.1 TITLE Change Addition TITLE STATON, MARY JANE 2.2 NAME NAME 2665 S. BAYSHORE DR, SUITE 900 STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33133** 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE RICHARDS, TIMOTHY D NAME 3.2 NAME 2665 S. BAYSHORE DR, SUITE 900 3.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33133** 3.4. CITY-ST-ZIP 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 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CHTY-ST-7P DELETE Change Addition 61 TITLE TITLE 62 NAME 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that it 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 of changed, or on an attachment with an address.

FILED Feb 05 1997 8:00am Secretary of State

3a, Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

(305)858-9900

Not Applicable

|--|

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

APPLIED FOR⁶⁵⁻⁰⁶⁵⁶⁴⁴⁰

04/11/1996

4, FEI Number