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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State **DIVISION OF COPPORATIONS**

DOCUMENT #

RESTEC OF SOUTH FLORIDA, INC.

FILED Feb 11 1998 8:00am Secretary of State

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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 a	im familiar with, and accept the obligations	s or, section burrosus, r	ronda Statules,			
SIGNATURE	Signature typed or printed name of registered again; and	tile (applicable (NO	TE: Registered Agent signature requir	red when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.		DDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TITLE	VS	DELETE	1.1 TITLE		Change	Addition
NAME	CHAVIANO, CELESTINO		1.2 NAME			
STREET ADDRESS	2144 JOHNSON ST		1.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY - ST - ZIP			
TITLE	PT	☐ DELET e	2.1 TITLE	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Change	Addition
NAME	MARRERO, GUSTAVO		2.2 NAME			
STREET ADDRESS	2144 JOHNSON ST		2.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL		2 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE	****	Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

14. I 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 I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in