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

**PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 477-5 PH 2: no P94000034845 (5) DOCUMENT # **MOZART INVESTMENTS CORPORATION** Principal Place of Business Mailing Address 150 W FLAGLER ST P O BOX 661447 MUSEUM TOWER SUITE 2701 CODE 308 DO NOT WRITE IN THIS SPACE MIAMI SPRINGS FL 33266 MIAMI FL 33130 3. Date Incorporated or Qualified 05/05/1994 2a. Mailing Address 4. FELNumber 2. Principal Place of Business Applied For 8424 NW 56 St. **NOT APPLICABLE** Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional  $\square$ 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible ΰŚΑ Yes 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BEFELER, GEORGE 150 W FLAGLER ST Street Address (P.O. Box Number is Not Acceptable) **MUSEUM TOWER SUITE 2701 MIAMI FL 33130** 83 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Stgnature, typed or pointed name of regellored age all and title diapplicator. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE ☐ Change ☐ Addition TITLE 100002557721---06/12/98--01003--024 HECK, FERNANDO A 1.2 NAME NAME 14 AVENUE 4-932 ZONA 14 APARTADO 6-15 STREET ADDRESS 1.3 STREET ADORESS \*\*\*\*550.08 \*\*\*\*550.00 **GUATEMALA CITY, GUATEMALA** 1.4 CITY- \$1-2IP CITY-ST-2IP ☐ Change ☐ Addition DELETE TITLE 2.1 TITLE NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change 4.1 TITLE Addition TITLE 4. 2 NAME NAME 4.9 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - S1 - 7IP CITY-ST-ZIP Addition \_\_\_ DELETE 61 TITLE Change TOTLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 Cl1Y - ST - ZIP CITY-ST-ZIP 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 logal 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, going an attriction with an address. KGUII AR