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 CORPORATIONS

DOCUMENT #

P94000052144 (0)

FILED Apr 13 1998 8:00am Secretary of State

L.P. GLOBAL, INC. Principal Place of Business Mailing Address 87 EAST 64TH ST. P.O. BOX 3497 HIALEAH FL 33013 HIALEAH FL 33013-3497 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/14/1994 2. Principal Place of Business 2a, Mailing Address Applied For 21 NOT APPLICABLE Not Applicable 26 Suite, Apl. #. etc. Suite, Apt. #. etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 Trust Fund Contribution Added to Fees 28 Country Zio Country 8. This corporation owes or has paid the current year Intangible Yes ∏ No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PEREZ, LISANDRO M 87 EAST 64TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33013 63 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 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 Signature, typed or printed name of registers diagent and trie if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition PSTD DELETE 1 1 7 I I E TITLE PEREZ, LISANDRO M NAME 1.2 NAME 87 EAST 64TH ST. STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33013 1.4 CITY-ST-7IP CITY-ST-ZIP Change Addition DELETE TITLE 2.1 THLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY+ ST-ZIP CITY - 51 - 21P DELETE ☐ Change ☐ Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 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 - \$1 - 7IP CITY-ST-ZIP DELFTE Change 5.1 TO LE . Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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 legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an effective method and the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of trustee empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

Signal Sin

4.6/98 205.821.7055