FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 03 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P96000032114 (6) DOCUMENT # LAKESIDE STATION, INC. Principal Place of Business Mailing Address 5200 BLUE LAGOON DRIVE 5200 BLUE LAGOON DRIVE SUITE 700 SUITE 700 DO NOT WRITE IN THIS SPACE MIAMI FL 33126 MIAMI FL 33126-7003 3. Date Incorporated or Qualified 04/12/1996 2. Principal Place of Business 4. FEI Number 8314 M.W 65-0680465 21 \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MUCHADO, LUIS ACHADO 8314 N.W. 103ST 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH GARDENS FL 33016 83 85 Zip Code 33016 7 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered da Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered Section 607,0505, Florida Statutes. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obl ochado U15 SIGNATURE ed whon reinstating) 12. RE RS AND DIRECTO 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE ☐ Change ☐ Addition TITLE MACHADO (US NAME 1.2 NAME 5200 BLUE LAGOON DR. SUITE 700 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33126** 1.4 CHY-S1-ZIP CITY-ST-ZIP DELETE Change TITLE 21 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIF DELETE 3.1 TITLE Change TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - \$1-ZIP 4.4 CITY-ST-ZIP

CITY-\$1-2IP 6.4 CITY - S1 - ZIP 14. Thereby cortify that the information sympton 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 symptomic that 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 enhowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

DELETE

SIGNATURE:

TITLE

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

5 887-2500

Applied For

Not Applicable

R2E034 (10/97

Addition

Addition

Addition

Addition

Addition

Change

Change