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PROFIT CORPORATION ANNUÁL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000008852 (0) DOCUMENT #

MORALES & DOLAN, P.A.

Principal Place of Business

FILED May 06 1998 8:00am Secretary of State



Mailing Address 370 WEST 49TH STREET 370 WEST 49TH STREET HIALEAH FL 33012 HIALEAH FL 33012 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/29/1997 2. Principal Place of Business Mailing Address Applied For 158 East 49th St. 158 East 49th St. 65-0725351 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State Hialeah, FL City & State Hialeah, FL 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution Country 30 USA Country USA 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 33013 Zip 33013 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B**1 Name CORPORATION SERVICE COMPANY 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 83 **B4** City Zip Code 85 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** Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ΤÞ Change Addition TITLE DELETE 11 TITLE D,P,T MORALES, IVAN P NAME 1.2 NAME Morales, Ivan P. **370 WEST 49TH STREET** STREET ADDRESS 1.3 STREET ADDRESS 158 East 49th Street HIALEAH FL 33012 CITY-ST-ZIP 1.4 CITY-ST-ZIP <u>Hialeah. FL 33013</u> DELETE **Addition** 2.1 TITLE Change TITLE D, VP, S NAME 2.2 NAME Dolan, Richard J., II STREET ADDRESS 2.3 STREET ADDRESS 158 East 49th Street Hialeah, FL 33013 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETÉ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 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 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, or on a PMinaler / Pro