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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 09 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

DOCUMENT # P97000054774 (9)

710 PROPERTY INC.

Principal Place of Business Mailing Address 3211 PONCE DE LEON. SUITE 202 3211 PONCE DE LEON. SUITE 202 CORAL GABLES FL 33134 CORAL GABLES FL 33134 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/20/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-07V 21 Not Applicable 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DUARTE-VIERA, ANIBAL 3211 PONCE DE LEON, SUITE 202 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 Zip Code City 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 if applicab (NOTE, Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change Addition TITLE DUARTE-VIERA, ANIBAL 1.2 NAME NAME 3211 PONCE DE LEON, SUITE 202 1.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE BRADLEY, JOHN 2.2 NAME NAME %3211 PONCE DE LEON, SUITE 202 2.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CiTY-ST-ZiP CiTY-ST-ZIP Addition __ DELETE Change TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY - ST - ZIP DELETE 6.1 TITLE Change Addition TITLE

6.2 NAME

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 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 an attachment with an address.

6.3 STREET ADDRESS

ans. VIEWS

6.4 CITY - ST- ZIP