

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

FILED
Apr 29 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Wortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P97000078516 (6)
 1. Corporation Name
MARIO & ALEX FERNANDEZ CORP.



| | |
|--|--|
| Principal Place of Business 6701 NW 169 STREET #B-203 MIAMI FL 33015 | Mailing Address 6701 NW 169 STREET #B-203 MIAMI FL 33015 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---|--|---|--|
| 2. Principal Place of Business 6701 NW 169 st Suite, Apt. #, etc. B-203 City & State MIAMI FL Zip 33015 | | 2a. Mailing Address 6701 NW 169 st Suite, Apt. #, etc. B-203 City & State MIAMI FL Zip 33015 | | 3. Date Incorporated or Qualified 09/10/1997 | |
| 21 | | 26 | | 4. FEI Number 65-0782663 | |
| 22 | | 27 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | | 29 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

8. Name and Address of Current Registered Agent
FERNANDEZ, MARIO
6701 NW 169 STREET
#B-203
MIAMI FL 33015

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name MARIO FERNANDEZ |
| 82 Street Address (P.O. Box Number is Not Acceptable) 6701 NW 169 st B-203 |
| 83 |
| 84 City MIAMI |
| 85 Zip Code FL 33015 |

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 *Mario Fernandez* DATE **4-7-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|---|---------------------------------|
| TITLE President | <input type="checkbox"/> DELETE |
| NAME MARIO FERNANDEZ | |
| STREET ADDRESS 6701 NW 169 st B-203 | |
| CITY-ST-ZIP MIAMI FL 33015 | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--|---|
| 1.1 TITLE Vice President | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME Alex Fernandez | |
| 1.3 STREET ADDRESS 5435 W 24 Ave apt #42 | |
| 1.4 CITY-ST-ZIP Hialeah FLA 33016 | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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.

SIGNATURE *Mario Fernandez* DATE **4-7-98**

CR2E034 (10/97)