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

FILED PROFIT Apr 24 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** S22030 (8) SPIEGEL & UTRERA, P.A. Principal Place of Business Mailing Address 343 ALMERIA AVENUE P. O. BOX 144479 **CORAL GABLES FL 33134** CORAL GABLES FL 33114-4478 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/28/1990 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0236143 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 X Yes □ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SPIEGEL, LAWRENCE J. 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change ☐ Addition SPIEGEL, LAWRENCE J NAME 1.2 NAME 345 ALMERIA AVENUE STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 21 T/TLE Change Addition NATALIA, UTRERA NAME 2.2 NAME 343 AMMERIA AVENUE STREET ADDRESS 2.3 STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition DIROSE, JANICE S NAME 3.2 NAME 343 AMMERIA AVENUE STREET ADDRESS 3.3 STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME WILLIAMS, RUSSELL D 4 2 NAME 343 AMMERIA AVENUE STREET ADDRESS 4.3 STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE ☐ DELETE 5.1 TITLE Change ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify (in 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 a truster 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. LAWRENCE J. SPIEGEL 4-17-98 305-445-2700 SIGNATURE:

6.4 CITY-\$1-ZIP