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

FILED PROFIT Feb 05 1998 8:00am ELORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P93000071713 (0) CRIS NATA, INC. Principal Place of Business Mailing Address 2432 NW 27 AVE 2432 NW 27 AVE MIAMI FL 33142 MIAMI FL 33142 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/15/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0447933 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 凶 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Ζφ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name J**orge**, Pedro Mercedes <u>Baldomi</u> 13954 SW 25TH TER Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33175** 83 84 Zip Code 33125 Miami 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

WATER AND 1/26/98 (1/26/98 Mercedes Baldomi SIGNATURE (NOTE Registered Agent signature required when binstell ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIFFECTORS 12. 13. Change X Addition XX DELETE 1.1 TITLE TITLE DPS JORGE, PEDRO 1.2 NAME NAME Baldomi, Mercedes 13954 SW 25TH TER STREET ADDRESS 1.3 STREET ADDRESS 1001 NW 27 Ct **MIAMI FL 33175** 1.4 CITY - ST - ZIP Miami Fl 33125 CITY-ST-ZIP X Addition DELETE Change TITLE 2.1 THTLE DVT Mota, Librado 2550 NW 26 St NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS Miami Fl 33142 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS

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.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

f

President

305-634-8480

Change

Change

Addition

Addition