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

PROFIT

SIGNATURE

Feb 17 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (6) 728 BIS. INC. Principal Place of Business Mailing Address 728 OCEAN DR. 728 OCEAN DR. MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/29/1992 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 65-0311215 Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ∏ No 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Mana TRAUIESO, MARIA TRAVIESO Street Address (P.O. Box Number is Not Acceptable) 728 OCEAN DR MIAMI BEAHC FL 33139 miam 84 City 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the obligations of, Section 607.0505, Florida Statutes. Pursuant to the provisions of Section office or registered agent, or both view (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 11 TITLE TITLE MARIE, IRENE 1.2 NAME NAME 728 OCEAN DR. 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 1.4 CITY - ST- ZIP CORRECTION DELETE ☐ Addition TITLE 21 TITLE **MARIE, PATRICK** 22 NAME NAME 728 OCEAN DR 2.3 STREET ADDRESS STREET ADDRESS MIAMI BCH FL 2. 4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELFTE Change ☐ Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ■ Addition 5.1 TITLE TITLE 52 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE TITLE 6.1 TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information shipplied with this filing does not earlify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this armuel report or supplymental annual report is type 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 of trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed myon in all beingly with an address.

FLORIDA DEPARTMENT OF STATE

FILED