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

**FILED PROFIT** Mar 20 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # K55661 (8)DENNIS E. BRITT, INC. Principal Place of Business Mailing Address 8890 S.W. 106TH STREET 8890 S.W. 106TH STREET MIAMI FL 33176 MIAMI FL 33176 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/04/1989 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0093711 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 BRITT, DENNIS E. 8890 S.W. 106TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33176 83 84 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE **BRITT, DENNIS EDWIN** 1.2 NAME NAME 8890 SW 106 ST (REAR) STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE BRITT, ROSAMARIA F. 2.2 NAME NAME 8890 SW 106 ST (REAR) 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2. 4 CfTY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. City-ST-ZIP ☐ Change DELETE 4.1 TITLE ☐ Addition TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition 6.2 NAME NAME

6.3 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.

STREET ADDRESS CITY-ST-ZIP