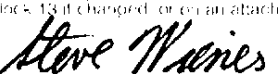


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L91530 1. Corporation Name 14907 SN Corporation			
Principal Place of Business 14907 NW 7th. Ave. Miami, Fl. 33168		Mailing Address c/o Joseph F. Lopez, Esq. 250 Bird Road #302 Coral Gables, Fl. 33146	
2. Principal Place of Business 21 14907 NW 7th. Ave. 22 Suite, Apt. #, etc. 23 City & State Miami, Fl 24 Zip 33168 25 Country Dade		2a. Mailing Address 26 c/o Joseph F. Lopez, Esq. 27 250 Bird Rd. #302 28 City & State Coral Gables, FL 29 Zip 33146 30 Country Dade	
3. Date Incorporated or Qualified 7/30/90		3a. Date of Last Report 4/21/97	
4. FEI Number 65-0206500		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent JOSEPH F. LOPEZ, ESQUIRE 250 BIRD ROAD, SUITE #302 CORAL GABLES, FL. 33146		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 ☐ Signature of person or persons authorized to register agent (and title, if applicable) (NOTE: Registered Agent's signature required when registering) ☐ DATE			
12. OFFICERS AND DIRECTORS ☐ DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition	
TITLE PSTD NAME WIENER, STEVEN STREET ADDRESS c/o J.Lopez-250 Bird Rd. #302 CITY-ST-ZIP Coral Gables, FL 33146		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
		10000248650 -04/13/98--01099--026 ***150.00	
14. I do 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 as an attachment with an address.			
SIGNATURE:  Steve Wiener  Steve Wiener 4/6/98			

CR2E034 (9/96)