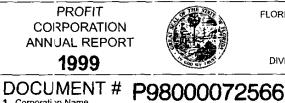
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90135 031 ***158.75

NUNEZ SERVICES CORPORATION	

Principal Place of Business Mailing Address 1895 NE 1935 HIBRU F/ 33179 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/17/1998 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Appl ed For 65-0857 Not Applicable 21 26 Suite, Art. #, etc. Suite, Apt. #, etc. \$8.75 Additional Ø 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 Nav Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes the current year I stangible ΠNo 25 29 30 Personal Property Tax. ☐ Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registere 1 Agent 81 Name NUNEZ, JOSE 17301 NE-2-CT 1895 N.E. 1935 N MIAMI BEACH FL-33162 MI UMI, \$\int 33179. NUNEZ, JOSE 82 Street Acdress (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code 11. Pursuent to the provisions of Sections 607.0502 and 607.1508, Florida Stati tes, 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 OFFICERS AND DIRECTORS

PRESIDENT Signature, typed or printed name of registered agen, and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE Change 1.1 TITLE TITLE OSE ANINEZ 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDF ESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDITIESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADD RESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADD RESS 64 CITY-ST-ZIP CITY-ST-ZIP

14. I heraby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.)7(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and a sourate 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIEN TURE AND TYPED UK PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(11/98)CR2E034

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