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

FILED PROFIT Mar 24 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name (1)RONIAL ENTERPRISES, INC. Principal Place of Business Mailing Address 1123 71ST STREET 1123 71ST STREET MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/17/1959 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1055692 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GOLDMAN, ARNOLD L **1123 71ST STREET** 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33141 83 84 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE GOLDMAN, AAROI NAME 1.2 NAME 5255 COLDING AVE BA STREET ADDRESS 1.3 STREET ADDRESS MIAMP BEACH FL CITY-ST-7IP 1.4 City-St-ZIP PD TITLE DELETE 2.1 TITLE ☐ Change ☐ Addition NAME GOLDMAN, ARNOLD L 2.2 NAME 1123 71ST ST STREET ADDRESS 2.3 STREET ADDRESS MIAMI BCH, FL 00000 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY - ST - ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

3/20/98

Block 12 or Block 13 if ch