FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED PROFIT** ELORIDA DEPARTMENT OF STATE May 18 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 291436 (4) AVANTI PRESS, INC. Principal Place of Business Mailing Address 13449 N.W. 42 AVE. 13449 N.W. 42 AVE. MIAMI FL 33054-4586 MIAMI FL 33054-4586 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/31/1965 2a. Malling Address 2. Principal Place of Business 4. FEI Number 21 59-1089469 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible 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 ARRIOLA, JOSEPH, JR 7855 SW 82 CT Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33054 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 agont and title if applicable (NOTE: Registered Agent's greature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETÉ Change Addition TITLE 1.1 TITLE ARRIOLA, LOURDES NAME 1.2 NAME 7855 SW 82 CT STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 C TY-ST-ZIP DELETE ☐ Change TITLE 21 TITLE ARRIOLA, JOSEPH, JR 2.2 NAME NAME 7855 SW 82 CT 23 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 CHY-ST-ZIP TIT) F DELETE 3 1 TIFLE Change MARTINEZ, E NAME 3 2 NAME STREET ADDRESS 5200 SW 82 AVE. 3.3 STREET ADDRESS MIAMI FI CITY-ST-ZIP 3.4 CHY-ST-7IP Change DELETE 41 TIFLE TITLE

6 4 CITY-ST-ZIP 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 trusteed 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 a society.

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5.1 TO LE 5.2 NAME

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4.3 STREET ADDRESS

5.3 STREET ADDRESS

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4.4 CITY - ST - ZIP

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TITLE

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TITLE

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DELETE

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Applied For

Not Applicable

CR2E034

Addition

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