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



33166

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E TIMO COMI ANTI MO.		
Principal Place of Business	Mailing Address	
2300 W. 77TH ST. HIALEAH EL 33016	2300 W. 77TH ST. HIALFAH FL 33016-1868	

FI	LE NOW: FILI	ING FEE AF	TER MAY 1 IS	\$550.00	•	•	FII	LEI)		
	PROFIT		FLORIDA DEPAR	RTMENT OF STATE		Ar	or 22 19	997	8:00)am	
	rporation Jal report			. Mortham ry of State		-	Secretai				
	1997			CORPORATIONS	1	, L	secretai	. y C	n Sta	11C	
	MENT # 31 COMPANY, INC		(3)								
Principal Flac 2300 W. 77TH HIALEAH FL 33	ST.		Mailing Address 2300 W. 77TH ST. HALEAH FL 33016-1988				II IJOID 1170) 1533) 1500 II IIOI	DIBI DIDI I		.011 1091	
						05/17/19			ate of Last Re 25/1996	port	
	N.W. 36th		te. Mailing Address 8181 N.W.	36+h S+ma		4. FEI Number 59-126				lied For Applicable	-
Suite Apt	#, etc	27	Suite, Apt. #, etc.	Join Stre	et		of Status Desired		\$8.75 Ac	dditional	
City & State			City & State				ampaign Financing		\$5.00 N		
Zψ	Count	· —	Zip	Country		8. This corpo	Contribution ration has liability for i	intangible]
3316	5 25 US / 9. Name and Addr			30 FL		Florida Sta 10. Name and	tutes 23 Address of New Re	Yes [1
11. Pursuant office or ragent. La) W 77TH ST. EAH FL 33018 to the provisions of Sec egistered agent, or bot in familiar with, and ac	ctions 607.0502 and th, in the State of Fic cept the obligations	l 607.1508, Florida Statut orida. Such change was a of, Section 607.0505, Fl	8181 83 Suit 84 City Mian	te #	W. 36t1	mber is Not Acceptate Street nis statement for the pectors. I hereby acceptate	FL	85 Zip C 331 f changing its pointment as re	66 registered	
SIGNATURE	Signature, typed or profestiran			E: Registered Agent signature	required v	····	·····	DATE			_
12. TILE	i PD	OFFICERS AND DIF	RECTORS DELETE	13. 1.1 TITLE	Pr	ADDITIONS esident	CHANGES TO OFFIC	ERS AND	DIRECTORS Change	Addition	90/0
NAME STREET ADDRESS	RANKINE, JOHN L 2300 W 77TH ST. HIALEAH FL	5 1		1.2 NAME 1.3 Street Address	Ra1	nkine, 81 N.W.	John L. 36th Str	eet,	- •		2F034 (
CITY-ST-ZIP TILE	SD	*** Television	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		ce Pres	<u>33166</u> ident		X Change	Addition	ქწ
NAME STREET ADDRESS	HAAS, MICHAEL 2300 W 77TH ST. HIALEAH FL			2.2 NAME 2.3 STREET ADDRESS	818		36th Str	eet,	Suite	#18	
CEY-\$1-ZP	HIALEAN FL		☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	Mis	emi, FL	33166		Change	Addition	1
NAME STREET ADDRESS				3.2 NAME 3.3 STREET ADDRESS							
CEM-SI-ZP TILE			DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	 				Change	Addition	┨
NAME				4. 2 NAME	1						Ì
STREET ADDRESS				4.3 STREET ADDRESS							
City - S1 - ZIP TIGUE			DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	 			······································	Change	Addition	1
NAME				5.2 NAME	1						
STREET ADDRESS				5.3 STREET ADDRESS							
CITY S1-76*			DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	 	·	<u> </u>		Change	Addition	1
NAME:				6.2 NAME							
STREET ADDRESS				6.3 STREET ADDRESS							
CITY - ST - ZIP				6.4 CITY - ST - ZIP	1						1

SIGNATURE	Stop of ire, typed or put find name of registered agont and title if applicable (NOTE:	Repistered Agent signature	e required when reinstating) DATE]
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TILE	PD DELETE	1.1 TITLE	President X Change Ad	dition
NAME	RANKINE, JOHN L.	1.2 NAME	Rankine, John L.	
STREET ADDRESS	2300 W 77TH ST.	1.3 STREET ADDRESS	8181 N.W. 36th Street, Suite #1	8
CITY-ST-ZIP	HIALEAN FL	1.4 CITY - SY-ZIP	Miami, FL 33166	
T TLE	SD DELETE	2.1 TITLE	Vice President	dition
NAME	HAAS, MICHAEL	22 NAME	Haas, Michael	J
STREET ADDRESS	2300 W 77TH ST.	2.3 STREET ADDRESS	8181 N.W. 36th Street, Suite #18	8
CEM-\$1-ZP	HIALEAH FL	2. 4 CITY-ST-ZIP	Miami, FL 33166	
TITLS	☐ DELETE	3.1 TITLE	☐ Change ☐ Ad	dition
NAME		3.2 NAME		ĺ
STREET ADORESS		3.3 STREET ADDRESS	;	
CITY - S1 - 712		3 4. CITY-ST-ZIP		
101.4	DELETE	4.1 TITLE	Change Ad	dition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		}
CiTY - S1 - ZIP		4.4 CITY-ST-ZIP		
TILLE	DELETE	5.1 TITLE	☐ Change ☐ Ad	dition
NAME		5.2 NAME		ļ
STREET ADDRESS		5.3 STREET ADDRESS		ĺ
CITY S1-76°		5.4 CITY-ST-ZIP		
TIFLE	DELETE	6.1 TITLE	Change Ad	ddition
NAME		6.2 NAME		į
STREET ADDRESS		6.3 STREET ADDRESS		ĺ
CITY ST-ZIP		6.4 CITY - ST - ZIP		
 14. I do here! 	by certify that the <i>in</i> formation supplied with this filling does not ena lify	for the externation s	stated in Section 119.07(3)(i). Florida Statutes. I further certify that the	l.

information indicated on this aprillal report or experienced annual report is true and accurace 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

SIGNATURE

305-436-8844

Daytima Phono # 0128013