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

NAME

STREET ADDRESS

SIGNATURE

May 15 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 325665 (8) THE TEXAS CORNER, INC. Principal Place of Business Mailing Address 2300 CORAL WAY 2300 CORAL WAY #200 MIAMI FL 33145 #200 MIAMI FL 33145 DO NOT WRITE IN THIS SPACE 118 3. Date Incorporated or Qualified 01/25/1968 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1202017 Not Applicable 2300 CORAL WAY 2300 CORAL WAY Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired SUITE #200 SUITE #200 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 MIAMI, FLORIDA Trust Fund Contribution Added to Fees <u>MIAMI, FLORIDA</u> Zip Country 8. This corporation owes or has paid the current year Intangible 25 U.S. 29 33145 9. Name and Address of Current Registered Agent 30 U.S Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY Street Address (P.O. Box Number is Not Acceptable) #200 **MIAMI FL 33145** 84 85 Zip Code City Fl and 607,1508, Flo the above-named corporation submits this statement for the purpose of changing its registered 11. Pursuant to the pro ge was authorized by the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE AMADA CANTERA LOPEZ/PRES. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. HIS AND DIRECTORS 13. 🔲 DELF IF 1 1 TITLE Change Addition TITLE CHAMIZO, ALEJANDRO NAME 1.2 NAME 2951 LUCAYA ST STREET ADDRESS 1.3 STREET ADDRESS COCONUT GROVE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE . Change Addition 2 1 TITLE CHAMIZO, WILFREDO NAME 2.2 NAME 1834 S.W. 102 COURT STREET ADDRESS 2.3 STREET ADDRESS MIMAI FL 2. 4 CITY - ST - ZIP CITY, ST-ZIP DELETE Charige Addition TITLE 3 1 TITLE CHAMIZO, WILFREDO JR NAME 3 2 NAME 12021 S.W. 108 STREET STREET ADDRESS 3 3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3 4. CITY-SY-ZIP DELETE Change Addition TITLE 4 1 TITLE NAME 4 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - \$1 - 2IP Addition DELETE Channe TITLE 6 1 TITLE

6.2 NAME

6.3 STREET ADDRESS 64 CITY-ST-ZIP 14. Thereby 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 13 il changed to of an attachment with an address

FILED

4-25.98