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

FILED Apr 15 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 360797 (5) R F PROPERTIES INC Principal Place of Business Mailing Address 121 NW 33RD AVE 135 NW 33RD AVE. MIAM! FL 33125 MIAM! FL 33125 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/09/1970 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 59-1391352 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 28 Added to Fees 23 Zip Country Zin Country This corporation owes or has paid the current year Intangible 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 PEREDA, HILDA 135 NW 33RD AVE. Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 83 33125 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) CR2E034 (10/97 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition ☐ DELETE 1.1 TITLE Change TITLE PEREDA, HILDA NAME 1.2 NAME 135 NW 33RD AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change PD DELETE Addition TITLE 2.1 TITLE FUSARO, RAFAEL NAME 2.2 NAME 250 SAN SEBASTIAN STREET ADDRESS 2.3 STREET ADDRESS CORAL GABLES, FL 00000 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE ☐ Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TIFLE 6.1 TITLE

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 trustee empowered 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 attaches the with an existence.

6.2 NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP