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

SIGNATURE:

Apr 30 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (8)NACHON LUMBER CO., INC. Principal Place of Business Mailing Address 2477 W 4TH AVE 2477 W 4TH AVE HALEAH FL 33010 HIALEAH FL 33010 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/14/1973 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0167060 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional П 5, Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zu Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NACHON, CARLOS 2477 W. 4TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33010 83 84 Zip Code 11. Pursuant to the provisions of Sections 607 0f-02 and 607, 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registures agent, in both, in the Studied Florida Such change was authorized by the corporation's board of directors. Thereby accept the onligations of System 507,0505. Florida Statutes. SIGNATURE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Change 11 THTLE NACHON, CARLOS, JR. NAME 1 2 NAME 2477 W. 4TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition NACHON, FABIOLA 2.2 NAM6 2477 W. 4TH AVENUE 2.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Change ☐ Addition TETLE 3.1 TITLE NACHON, ADELA B NAME 3.2 NAME 2477 W. 4TH AVE 3.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 3 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE NAME 4 2 NAME STREET ADDRESS 4 3 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 54 CITY-ST-ZIP DELETE Change Addition TITLE 6 1 THLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 14. Thoreby certify that the information supplied with this filling 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 eath; that I am an officer or directive 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 our matherbility but with an address.

FILED