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

Mar 24 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 440987 (6)E.P. "SUPE" GAULDING'S IMPORT AND EXPORT CORPORA TION OF MIAM! Principal Place of Business Mailing Address -8850 NW-68TH-STREET C/O MANUEL E. CABEZA 800 DOUGLAS AD. SUITE #-851 175 N.W. FIRST AVE -11TH FLOOR DO NOT WRITE IN THIS SPACE MIAMI -FL-80100 --CORAL GABLES FL 23134 3. Date Incorporated or Qualified 11/29/1973 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 5.W. 163 Avenu 59-1515917 Not Applicable 26 <u>338 Minorca Ave.</u> Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Coral Gables. Trust Fund Contribution Added to Fees FLCountry 8. This corporation owes or has paid the current year Intangible J. S. A 33134 24 25 29 30 US Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name 81 MANUEL E. CABEZA 800 DOUGLAS ROAD Street Address (P.O. Box Number is Not Acceptable) 82 338 Minorca Ave. SUITE 351 83 CORAL GABLES FL 33134 84 City Zip Code 85 33134 Coral Gables 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 ponted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PDST □ DELETE Change Addition TITLE 1.1 TITLE **GAULDING, ELLISON** 1.2 NAME NAME CR2E034 800 DOUGLAS ROAD, STE. 351 1.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE Addition TITLE 2.1 TITLE RODRIGUEZ, ODALIS 2.2 NAME NAME PROLONGACION CHARLES DE GAULLE/ESQUINA CAL STREET ADDRESS 2.3 STREET ADDRESS STO. DOMINGO RE CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE X Change ☐ Addition 3.1 TITLE TITLE CABEZAM MANUEL E. NAME 3.2 NAME 800 DOUGLAS ROAD, STE. 351 STREET ADDRESS 3.3 STREET ADDRESS 338 Minorca Ave. Coral Gables, FL **CORAL GABLES FL** 33134 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET AODRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition TITLE 6.1 TITLE 6.2 NAME NAMÉ 6.3 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP 6.4 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 final 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 report of the corporation of the report of the repo

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