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

CITY - ST - ZIP

SIGNATURE:

**FILED** May 01 1998 8:00am PROFIT ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (4)450425 IRANA SERVICE CORP. Principal Place of Business Mailing Address 201 E. 2ND STREET 291 E. 2ND STREET P.O. BOX 1360 P.O. BOX 1380 DO NOT WRITE IN THIS SPACE HIALEAH FL 33011 HIALEAH FL 33011 Date Incorporated or Qualified <u>04/16/1974</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1544928 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 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 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 Yes Personal Property Tax due June 30. 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent JOHN S. YERMACK JR. 291 E 2ND ST 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33011 83 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 (NOTE Registered Agent eignature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change MONTANARI, ANTONIO G. NAME 1.2 NAME 291 E. 2ND ST. STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 21 TITLE YERMACK, ADELE NAME 22 NAME 291 E. 2ND ST. STREET ADDRESS 2.3 STREET ADDRESS .. : HIALIAH FL CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE BARTLETT, HILDA NAME 3.2 NAME 2424 N. BAY RD. STREET ADDRESS 3.3 STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE YERMACK, JOHN S. NAME 4. 2 NAME 291 E. 2ND STREET 4.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 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 61 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 12 or Block 13 if changed or primary with an address.

4-23-98

305 8227035