## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT Jun 29 1998 8:00am FLORIDA DEPARTMENT OF STATE \* CORPORATION Sandra B. Morthams ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS Mailing Address 189 NORTHEAST: 26 STREET PO-BOX 491219 MIAMI FL 33137 MIAMI FL 23143 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/30/1996 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For BOX 530 675 Not Applicable Suite, Apt. #, etc \$8.75 Additional 6. Certificate of Status Desired Fee Required City & Stat City & State 8. Election Campaign Financing \$5.00 May Be mica 28 Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. ☐ Yes □ No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LAWRENCE J SPIEGEL OHRTD 349 ALMENIA AVENUE 82 COMPANDED STE 93134 R4 Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered, 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, and accept the obligations of, Section 697,0505, Florida Statutes. 11. Pursuant to the provisions office or registered agos agent I am famile SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change Addition NAME LE MIEUX, JOHN E 1.2 NAME **(8**9 Northeast 26 Street STREET ADDRESS 1.3 STREET ADDRESS **MI**AMI FL 33137 CITY-ST-ZIP 1.4 CiTY-ST-ZiP TITLE DELETE 2 1 THUE Change Addition MORLEY, JAMES E NAME 2.2 NAME **189 NORTHEAST 26 STREET** STREET ADORESS 2.3 STREET ADDRESS **MI**AMI FL 33137 CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE ☐ DELETE 4.1 TITLE ... Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change 5.1 TITLE ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME -9**7/**01/38--01008--0**44** STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filting 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 supplier that an analysis of the corporation of the

attachment with an address.

CITY-ST-ZIP

Block 12 or Block 13 if changed, or