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

PROFIT Feb 24 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 464197 (3) GENERAL AWARDS, INC. Principal Place of Business Mailing Address 7715 NW 64 ST 7715 NW 64 ST MIAMI FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/28/1974 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 <u>59-1662523</u> Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MANUEL J SEDANU 11200 N W 00TH CT Street Address (P.O. Box Number is Not Acceptable) HIALEAN FL 33012 7715 N.W. 471 51 83 MIAMI, FL 33166 84 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. Thereby accept the appointment as registered agent. Lam familiar with and accept the obligations of Section 607.0505, Florida Statutes. 2-08. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition SEDANO, MANUEL J. 11200-17.W. 60TH COURT NAMÉ DELETE 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS **HKA**LEAH FL CITY - ST - ZIP 14 CITY-ST-ZIP DELETE TITLE 2.1 TIFLE Change Addition WAAS, CYNTHIA NAME 2.2 NAME P O BOX 394 STREET ADDRESS 2.3 STREET ADDRESS SUGARLOAF NY CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TILLE Change Addition RUSSIYAN, NICHOLAS NAME 3.2 NAME P O BOX 394 STREET ADDRESS 3.3 STREET ADDRESS SUGARLOAF NY CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP I hereby certify that the informindicated on this annual report officer or director of the corporation of the corp quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in on supplied with this filing does not

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