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

n an attachment with an address

SIGNATURE:

Apr 10 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 POCUMENT # (1)467328 PRONTO OVERSEAS CORP. Principal Place of Business Mailing Address 6802 NW 77TH COURT 6802 NW 77TH COURT MIAMI FL 33166 MIAM! FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/09/1975 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-1642682 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 Trust Fund Contribution 23 28 Added to Fees Zip Ζip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. ☐ Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name ROSEN, SENDER 6802 NW - 77TH COURT 82 Street Address (P.O. Box Number is Not **MIAMI FL 33166** 83 11. Pursuant to the transport 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 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 familial. Thand accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE ine of registered agent and title it applicable 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE Change ☐ Addition ROSEN, MARIO 1.2 NAME NAME 6802 NW 77TH COURT STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREFT ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Addition TITLE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CiTY-ST-ZIP I hereby certify that the informal indicated on this annual repart officer or director of the contact Block 12 or Block 13 if challand. implied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information upported 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

3/20/18 (205)592-190