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

FILED Jan 26 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 471196 (6)FIRST FLORIDA INDUSTRIES, INC. Principal Place of Business Mailing Address 5900 S. W. 73RD STREET 5900 S. W. 73RD STREET STF 303 STF 303 SOUTH MIAMI FL 33143 SOUTH MIAMI FL 33143 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/13/1975 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1585042 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution Added to Fees 23 28 Žip Country Country 8. This corporation owes or has paid the current year intangible X Yes ☐ No 24 25 29 30 Personal Property Tax due June 30., 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MILLER, B., E. 5900 SOUTHWEST 73RD STREET 82 Street Address (P.O. Box Number is Not Acceptable) **STE 303** 83 **MIAMI FL 33143** City Zip Code 85 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 printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS (NOTE, Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 TITLE ☐ DELETE 1.1 TITLE ___ Change MILLER, B E NAME 1.2 NAME CR2E034 5900 SW 73 ST #303 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 1.4 CITY - ST - ZIP ☐ DELETE 2.1 TITLE Change Addition TITLE MILLER, CATHERINE 2.2 NAME NAME 5900 SW 73 ST #303 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 City - St - ZiP Addition W DELETE 3.1 TITLE Change TITLE MILLER, YOLANDA NAME 3.2 NAME 5900 SW 73 ST #303 STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY - ST - ZIP Change Addition DELETE 4,1 TITLE TITLE MILLER, W. ROBERT NAME 4.2 NAME 5900 SW 73 ST #303 STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL 4.4 CITY+ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY+ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 6.1 TITLE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 on an attachment with an address.

6.4 CITY - ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

EIZNATURE. MIIGHIPERIdent

1/15/98

(305) 665-1146