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

FLORIDA DEPARTMENT OF STATE

PROFIT

Mar 31 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 479180 (2)BRO-DADE, INC. Principal Place of Business Mailing Address 7520 N W 5TH \$T., STE 103 7520 N W 5TH ST., STE 103 P O BOX 16780 P O BOX 16780 DO NOT WRITE IN THIS SPACE PLANTATION FL 33317 PLANTATION FL 33317 3. Date Incorporated or Qualified 07/11/1975 2. Principal Place of Business 4, FEI Number Applied For 101905W. 2NT ST 21 59-1610000 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 27 22 ON & State PLANTATION Cityn& State \$5.00 May Be 6. Election Campaign Financing KANTMON K 23 Trust Fund Contribution 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible USA Personal Property Tax due June 30. Yes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name COSTOYA 81 COSTOYA, FRANCISCO FRANCISCO 2691 DAVIE BLVD 82 FT LAUDERDALE FL 33312 83 84 MANTATION. 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 tamiliar with, and accept the obligations of Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE COSTOYA, CARIDAD C 1.2 NAME NAME 10190 S W 2 ST STREET ADDRESS 1.3 STREET ADDRESS PLANTATION, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE ☐ Change ■ Addition TITLE COSTOYA, FRANCISCO NAME 2.2 NAME 10190 S W 2 ST STREET ADDRESS 2.3 STREET ADORESS PLANTATION, FL 00000 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 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 CITY-ST-ZIP 4.4 CHTY-ST-ZIP DELETE 5.1 TITLE Change ■ Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST- ZIP 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 supplientental 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 Problem 13 or Plant 14 or Plan

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