FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 492638 DOCUMENT # JOE SCHMIDT, INC. Principal Place of Business 4-135 CRAWFORD AVE. 4135 CRAWFORDAVE MIAMI, FL 33133 MIAMI, FL 33133 3. Date Incorporated or Qualified 12/17/1975 Applied For 2a. Mailing Address 2. Principal Place of Business 59-1662016 Not Applicable 21 \$8.75 Additional Suite, Apt. #. etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zın Yes No Florida Statutes 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name AMOON, HENRY A. Street Address (P.O. Box Number is Not Acceptable) 123 SIN 12 AVE. 83 MIAMI, FL 33128 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607.05.02 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE. (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Change Addition DELETE 1.5 TIGUE THTLE CR2E034 SCHMIDT JOE 1.2 NAME NAME 4135 CRAWFORD AVE. 1.3 STREET ADDRESS STREET ADDRESS COCONUT GROVE, FL 1.4 CiTY - ST - ZiP CITY-ST ZiP Change ☐ Addit-on 2.1 THEF SHEILA SCHMIDT 2.2 NAME NAME 4135 CRAWFORD AVE 2.3 STREET ADDRESS STREET ADDRESS COCONUT GROVE, FC 24 C. TY - ST - Z P CITY-ST-ZIP Change Addition 3 1 TIFLE TiTLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CiTY - \$1 - 2IP Addition CITY - ST - ZIP 2000018261929 -05/17/96--01018--032 DELFTE 4 1 Ditt TITLE 4.2 NAME NAME 4.3 STREET ADDRESS ***200.00 STREET ADDRESS 4.4 CifY \$1-7IP CITY-ST-ZIP Change Addition DELETE 5 1 THEF 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CHY ST-ZIP CITY - ST - ZIP DELETE 6 1 Tr'LF TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 6 4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cartify 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 cartify that I am an officer or practice of the corporation of 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 all adminish it with an address 4/30/96 305/669-8995