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

PROFIT FLORIDA DEPARTMENT OF STATE Par I have the D CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 97 SEP 15 PH 12: 52 1997 DIVISION OF CORPORATIONS DOCUMENT # SECKETARY OF STATE TALL ALIASSEF FLORIDA Principal Place of Business N.W. Mailing Address 1955 N.W. 1677 Hioni TE 33177 MICHI FL 3a. Date of Last Report 2. Principal Place of Business Applied For Not Applicable Suite, Apt. #, etc. Suite, Apt. #, cto \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent 81 oul Conzalez, Jr Ss. N.W. 11079 A Name 62 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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. 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 little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 13. TITLE 117006 NAME 1.2 NAME STREET ADDRESS 1 3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 MCFY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition gionzalez, Lucrecia NAME M. M. MOENE. STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 7IP TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME 500002296205---9 STREET ADDRESS -09/17/97--01118--005 4.3 STREET ADDRESS CITY-ST-ZIP 来来来来来学的。自由 ******学的。间间 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 - \$1 - 2IP DELETE Change TITLE 61 TITLE Addit on NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do hereby 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 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 of ustee 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 alternation with an address SIGNATURE: RINTED NAME OF SIGNING OFFICER OR DIRECTOR