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

NAME

STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP

FILED FLORIDA DEPARTMENT OF STATE Jan 26 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5) BYRNE - RINEHART & CO. Principal Place of Business Mailing Address Miami, Fl. 33143 MIAMI FL 93143-5210 MIAMI FL 33143-5210-Miami, F1.33145 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/22/1978 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1814691 21 26 Not Applicable Suite Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BYRNE, THOMAS E. X830 X WX Z3RDX STREET 6150 SW 76 St. Street Address (P.O. Box Number is Not Acceptable) 82 MIAMNEL XXIXX Miami, F1. 33143 83 84 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 (NOTE: Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Addition TITLE 1.1 TITLE Change BYRNE, THOMAS E. NAME 1.2 NAME E034 6031 S.W. 85TH STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition | NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP __ DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE. Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change 5.1 DITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST- ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

14. I 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 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.

SIGNATURE REQUIRED

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

1/9/98 305-666-8686