APPROVED FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 AND PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 96 MAR 25 PM 3: 24 DIVISION OF CORPORATIONS 1996 SECRETARY OF STATE (6)TALLAHASSEE, FLORIDA DOCUMENT # Corporation Name RE-COL ENTERPRISES, INC. Mailing Address Principal Place of Business 13280 N.W. 43RD AVE. 13280 N.W. 43RD AVE. OPA LOCKA FL 33054 OPA LOCKA FL 33054 3a. Date of Last Report 3. Date Incorporated or Qualified 08/11/1978 04/11/1995 4, FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-1860514 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State City & State \Box Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Zφ Country Z_{ip} Florida Statutes Yes No 30 29 25 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 ANTONIO L. REQUEJO Street Address (P.O. Box Number is Not Acceptable) REQUEJO, ANTONIO J 82 12280 NW 43 AVENUE 13280 N.W. 43rd AVE В3 MAMI FL 85 Zip Code 84 City 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 doth, 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 bioligations of section 607.0505/Florida Statutes. SIGNATURE DATE (NOTE: Rica sterod Agent signature required when reinstaling) CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRE 13. 12. Change 1.1 TillE PD TITLE ESPINOSA, MARIA A 1.2 NAME ANTONIO L. REQUEJO NAME 325 W. 55TH STREET 1.3 STREET ADDRESS 13280 N.W. 43 AVENUE STREET ADDRESS HIALEAH FL 1.4 CITY - ST - ZIP OPA LOCKA, FLA. CITY - S1 - ZiP Addition Change 2.1 1111.5 PD TITLE 2.2 NAME REQUERO.-AS NAME 15941 SW 58 CT. FT LAUGERDALE FL 23 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST- ZIP C-TY - ST - ZIP 75 THOMAND 2013 Addwon DELETE 3 1 THLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CI*Y - S* - ZIP CITY-ST-ZIP Addition ☐ Change DELETE 4 1 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - ST - ZiP CITY - ST - ZIP Change Addition DELETE 5 1 HILE 5.2 NAME 5 3 STREET ADOPESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST ZIP ☐ Change Addition DELETE 6 1 TIFLE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 C(TY - S1 - 2)P City-ST-ZIP 14. I do hereby certify that the information is upplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b). Florida Statutes. I further certify that the information indirated 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 grector of the corporation or the regioner or trusted appropried to execute this report as required by Chapter 607, Florida Statutes; and that my name

OFFICER OR DIRECTOR

3/11/96 305-688-8687

appears in Block 12 or Blo

SIGNATURE: