FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS (3)DOCUMENT # NUNEZ SERVICENTER, INC. Mailing Address Principal Place of Business 11241 NW 60TH CT 11241 NW 60TH CT HIALEAH FL 33012 HIALEAH FL 33012 3a. Date of Last Report 3. Date Incorporated or Qualified 10/25/1978 01/18/1995 4. EEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-1862925 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation has liability for intangible tax under s 199.032, Zio Zψ Country Yes No 30 Florida Statutes 25 29 24 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name NUNEZ, BASILIO I. 82 Street Address (P.O. Box Number is Not Acceptable) 7401 W. FLAGLER ST. 83 **MIAMI FL 33144** 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 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed hanle of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition □ DELETE 1. 1 TITLE PD BILLE NUNEZ, BASILIO I. 1.2 NAME NAME 11241 N.W. 60TH CT. 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 14 CITY-ST-ZIP CHTY - \$1 - 712 ■ Addition DELETE Change 2 1 TITLE TATLE VD. NUNEZ, CARMEN 2.2 NAME 11241 N.W. 60TH CT. STREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL 2 4 CITY - ST - 7IP CHY ST-Z-P DELETE ☐ Change Addition 3 1 TOTLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY-ST-ZIP CITY ST ZIP ☐ Change ☐ Addition ☐ DELETE 4 1 TITLE 30115 4 2 NAME NAM: 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - S1 ZIP Change ☐ Addition DELETE 5 1 TITLE THUE MAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST ZIP Change ☐ Addition DELE 1E € 1 TITLE THEF 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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)ki), 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 logal effect as if made under eath; 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. 31/96

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CR2E034 (12/95)