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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP

TITLE

NAME

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 629734 (5) GARCIA & ORTIZ, P.A. Principal Place of Business Mailing Address 888 EXECUTIVE CENTER DR W 888 EXECUTIVE CENTER DR W STE 101 STE 101 DO NOT WRITE IN THIS SPACE ST PETERSBURG FL 33702 ST PETERSBURG FL 33702 3. Date incorporated or Qualified 07/16/1979 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-1633902 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ No 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ORTIZ, LOUIS P 888 EXECUTIVE CENTER DR W Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 101 83 ST PETERSBURG FL 33702 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 title if applicable DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition 1.1 TITLE Change TITLE VALDES, FRANK 1.2 NAME NAME 114 11TH AV STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG BCH FL 1,4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2,1 TiTLE Change Addition STD TITLE GARCIA, LUIS 2.2 NAME NAME 7619 LAKE CYPRESS DR 2.3 STREET ADDRESS STREET ADDRESS TAMPA, FL 00000 2, 4 CITY-ST-ZIP CITY - ST- ZIP DELETE Change Addition TITI F 3.1 TITLE ORTIZ, LOUIS P 3.2 NAME NAME 6 ISLAND DR 3.3 STREET ADDRESS STREET ADDRESS TREASURE ISL, FL 00000 CITY - ST - ZIP 3.4. CITY-ST-ZIP Addition DELETE Change 4.1 TITLE DEL RIO, J E 4. 2 NAME NAME 14004 NOTREVILLE WAY STREET ADDRESS 4.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 4,4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

6.1 TITLE

6.2 NAME

14. Thereby certify that the information supplied with this filling 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.

DELETE

CR2E034 (10/97

Change

Addition