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

FILED Jul 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Rorth Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1**9**98 DOCUMENT # 631908 LLERENA CORP. Principal Place of Business Mailing Address 126 WEST 19 STREET 126 WEST 19 STREET HIALEAH FL 33010 HIALEAH FL 33010 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/03/1979 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 59-2042026 21 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 23 28 Country Country Zφ 8. This corporation owes or has paid the current year Intangible Zip Yes Personal Property Tax due June 30. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LLERENA. RADAMES Street Address (P.O. Box Number is Not Acceptable) 126 W. 19TH ST. 82 HIALEAH FL 33012 83 Zip Code RA. 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 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 punted mone of rug sered agent and their applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition Change ☐ DELETE 1.1 TITLE TITLE LLERENA, RADAMES 1.2 NAME 126 W. 19TH ST. 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - S1 - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TIT: F 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP ___ Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - \$1 - ZIP

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

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with n address.