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FLORIDA DEPARTMENT OF STATE

PROFIT

Mar 12 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name (0)CAR-DI ENTERPRISES CORP. Principal Place of Business Mailing Address 2061 N.W. 141ST ST 2061 N.W. 141ST ST OPA LOCKA FL 33054-4136 OPA LOCKA FL 33054-4136 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/07/1979 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2064083 Not Applicable 21 26 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 24 25 29 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ROBERT DIAZ, ROBERTO DIAZ 6825 W. FLAGLER STREET, #201 Street Address (P.O. Box Number is Not Acceptable)

W. PARK DR. #102 82 **MIAMI FL 33144** 83 City MIAMI 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. ROBERT DIAZ SIGNATURE uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 11 TITLE Change ___ Addition TITLE DIAZ. ROBERTO ROBERT 12 NAME NAME W. PARK DR. #102 6825 W. FLAGLER ST. #201 1.3 STREET ADDRESS STREET ADDRESS FC.33112 MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ___ DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP Addition DELETE Change Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELFTE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 THILE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 64 CITY-ST-ZIP CITY-ST-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 suppliemental 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

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