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

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officer or director of Block 12 or Block 12

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## Mar 27 1998 8:00am ELORIDA DEPARTMENT DE STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 643863 (4)300 COMMODORE, INC. Principal Place of Business Mailing Address 201 SEVILLA AVE. 201 SEVILLA AVE. STE 302 STE. 302 **CORAL GABELS FL 33134** CORAL GABELS FL 33134 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/02/1979 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 59-2107230 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution П Added to Fees 28 Country Country Zip Ζφ 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MURAI, WALD, BIONDO, MATHEWS & MORENO, PA CARRERAS, RAUL JR. Street Address (P.O. Box Number is Not Acceptable) 999 Ponce de Leon Boulevard 830 INGRAHAM BLDG 82 25 S.E. SECOND AVE. 83 **MIAMI FL 33131** Suite 720 84 Zip Code 33134 Coral Gables 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 fampling with, and accept the obligations of Section 607.0505, Florida Statutes. Feb. 26, 1998 SIGNATURE (NOTE: Registored Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change ☐ Addition BUSTAMANTE, ANA L NAME 1.2 NAME 201 SEVILLA AVE, SUITE 302 STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BUSTAMANTE, ALBERTO ! 2.2 NAME NAME 201 SEVILLA AVE, SUITE 302 2.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL** 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Treasurer/Assistant Secretar Addition TITLE 3.1 TITLE BUSTAMANTE DE LOPEZ, MARIA A 3.2 NAME NAME 201 SEVILLA AVE, SUITE 302 3.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE BUSTAMANTE, ALBERTO C 4. 2 NAME NAME 201 SEVILLA AVE.SUITE 302 STREET ADDRESS 4.3 STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE X Change Addition 5 1 TITLE TITLE Assistant Treasurer BUSTAMANTE, GLADYS M NAME 5.2 NAME 201 SEVILLA AVE SUITE 302 STREET ADDRESS 5.3 STREET ADDRESS **CORAL GABLES FL** 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP variety for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rand accurate and that my signature shall have the same legal effect as if made under oath; that I am an wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in SS ALBERIO BUSTAMANTE I. 14. I hereby certify that the indicated on this annual

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Feb 26, 1998

**FILED**