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

14. Thereby certify that the information supplied with this filling of indicated on this annual report or supplemental a inual opposition or director of the corporation or the recover or use Block 12 or Block 13 if changed, or on an intactyling with A

SIGNATURE:

FILED Apr 24 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (8) BUNKERS, INC. Principal Place of Business Mailing Address 1802 N.W. 37TH AVENUE 1802 N.W. 37TH AVENUE MIAMI FL 33125 MIAMI FL 33125 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/06/1980 2. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-2007466 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζιρ Country Zφ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 29 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DELUCCA, CHARLES 1801 N.W. 37TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) MAMI FL 33125 **B3** 84 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 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, typod or pointed came of registered agent and lifte if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE ☐ Change ☐ Addition 1 1 TITLE TITLE DELUCCA, CHARLES 1.2 NAME NAME CR2E034 1802 N.W. 37TH AVE. 1.3 STREET ADDRESS STREET ADDRESS MIAM! FL 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE NAME DELUCCA, CHARLES JIII 22 NAME STREET ADDRESS 1802 N.W. 37TH AVE. 2.3 STREET ADDRESS MIAMI FL 2. 4 CITY - ST- ZIP City-SI-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7IP 34. CITY-ST-ZIP DELETE 4 1 TITLE Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE 5 1 TITLE Change Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-7IP DELETE Change Addition 61 TITLE TOLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP

for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in