SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
~~AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).~~

APPROVED AND FILED
98 OCT 26 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1998 Amended

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 676512

1. Corporation Name
CURBELO & SONS, INC.

Principal Place of Business
8855 S.W. 27 Street
Miami, FL 33165

Mailing Address (SAME)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
JULY 14, 1980

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	☐ Applied For
21	26	59-2090259	☒ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

CARIDAD Curbelo
8855 SW. 27 Street
Miami, FL 33165

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT / Director	☑ DELETE	1.1 TITLE	President / Director	☐ Change ☑ Addition
NAME	Roberto Curbelo		1.2 NAME	Mercedes Granda	
STREET ADDRESS	8855 S.W. 27 St.		1.3 STREET ADDRESS	8855 S.W. 27 St.	
CITY-ST-ZIP	Miami, FL 33165		1.4 CITY-ST-ZIP	Miami, FL 33165	
TITLE	CARIDAD CURBELO	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Secretary / Treasurer / Director		2.2 NAME	500002656145--1	
STREET ADDRESS	8855 S.W. 27 St		2.3 STREET ADDRESS	-10/30/98--01092--002	
CITY-ST-ZIP	Miami, FL 33165		2.4 CITY-ST-ZIP	*****26.25 *****26.25	
TITLE		☐ DELETE	3.1 TITLE		☐ Addition
NAME			3.2 NAME	500002656145--1	
STREET ADDRESS			3.3 STREET ADDRESS	-10/05/98--01144--002	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	*****35.00 *****35.00	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME	500002656145--1	
STREET ADDRESS			4.3 STREET ADDRESS	-10/05/98--01144--002	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	*****35.00 *****35.00	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	10/26	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/98)

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

SIGNATURE: _____ 10/23/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #