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FILED

May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F14861 (1)

1. Corporation Name

THE MICHAEL CHRISTOPHER COMPANY

Principal Place of Business

7250 S.W. 39 TERR.  
MIAMI FL 33155  
US

Mailing Address

P.O. BOX 143410  
P.O. BOX 143410  
CORAL GABLES FL 33114-0410  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1981

4. FEI Number

59-2062189

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 1508 SAN IGNACIO AVE

Suite, Apt. #, etc.

22 Suite 200

City & State

23 CORAL GABLES, FL

Zip

24 33146

Country

25 DADE

2a. Mailing Address

26 Suite, Apt. #, etc.

27 Suite 200

City & State

28 CORAL GABLES, FL

Zip

29 33146

Country

30 US

9. Name and Address of Current Registered Agent

CHRISTOPHER, MICHAEL C  
9130 SW 78TH COURT  
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

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

83 1508 SAN IGNACIO AVE.

84 SUITE 200

City

CORAL GABLES

FL

85 Zip Code

33146

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 MICHAEL C. CHRISTOPHER, PRES Michael C. Christopher 4/22/98  
Signature typed or printed name of registered agent and the date applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PTD CHRISTOPHER MICHAEL C 7250 S W 39 TERRACE MIAMI FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

1508 SAN IGNACIO AVE, SUITE 200 CORAL GABLES, FL 33146

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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 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 MICHAEL C. CHRISTOPHER, PRES Michael C. Christopher 4/22/98 (305) 662-1421

CR2E034 (10/97)