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

 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 月間 -5 日月 3: 07 DOCUMENT # F26172 (9) SECRETAL YOUR STATE TALLAHASSIE, FLORIDA R + R REAL ESTATE INVESTMENTS INC Principal Place of Business Mailing Address 1005 SW 87TH AVE 6284 EAST 6TH AVENUE HIALEAH FL 33013 MIAMI FL 33174 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/20/198<u>1</u> 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 65-0415164 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Zip Country 8. This corporation owes or has paid the current year Intangible X No Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ARANEUI, MONICA 6284 EAST 6TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) HILEAH FL 33013 83 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or presed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELET**e** Change ___ Addition 1.1 TITLE TITLE PN 100002557781---06/12/98--01012--018 **ARANEGUI, MONICA** 1.2 NAME NAME **62**84 East 6th ave 1.3 STREET ADDRESS STREET ADDRESS ****150<u>.00</u> HIALEAH FL ****150.00 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE ☐ Change TITLE ŝD DENIS, JOSE R 2.2 NAME NAME 6284 EAST 6TH AVENUE STREET ADDRESS 23 STREET ADDRESS HIALEAH FL 33013 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE FERNANDEZ, NELSA E NAME 3.2 NAME **8284 EAST 6TH AVENUE** STREET ADDRESS 3.3 STREET ADDRESS **HIALEAH FL** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHTY - ST - ZIP DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. It hereby certify that the information supplied with this fiting 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 leport 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 thistee 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.

NELSA E. FERNANDEZ

SIGNATURE - Nolas & ØPREASHRER. 4/20/98 305-681-7153