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

Mar 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # F37226 (0)J M STATEWIDE, INC. Principal Place of Business Mailing Address 990 N W-100-01 -1000 N W-100-9T + OUTE 10 → CONTOCK DO NOT WRITE IN THIS SPACE OPACOCKA FL 33058 3. Date Incorporated or Qualified 06/02/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 14858 S.W. 176 TER. 59-264 1064 14858 S.W. 176 TER. Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing FLORIDA MIAMI FLORIDA MIAMI 23 Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible U.S.A. Yes Personal Property Tax due June 30. ΠÑο 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MELIAN, JAMES -15651-S.W. 86TH TERRACE 82 MIAMI FL 33193 -83 84 CityMIAMI 85 Zip Code 33187 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 Richard. Such change was authorized by the corporation's board of directors. Hereby accept the appointment as registered agent. I am familiar with rand accept the obligation of, Section 07.0505, Florida Statutes. SANCHEZ PRESIDENT Belkis SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change : -MELIAN, JAMES NAME 1.2 NAME BELKIS SANCHEZ CR2E034 -1000 N W 103 ST SUITE 13 7 14858 S.W. 176 TERRACE STREET ADDRESS 1.3 STREET ADDRESS OPALACKA-FL MIAMI, FL 33187 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change ☐ Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 angual 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an attachment with an address.

PARCIDENT

FILED

(305) 252.9022

3/20/98