FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 20 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 #** (3)F38842 SUAREZ-BASTER, ACCOUNTING & TAX SERVICE, INC. Principal Place of Business Mailing Address 435 HIALEAH DR. 435 HIALEAH DR. SUITE 11 DO NOT WRITE IN THIS SPACE HIALEAH FL 33010 HIALEAH FL 33010 3. Date Incorporated or Qualified 08/26/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2117435 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SUAREZ-BASTER, RODRIGO 435 HIALEAH DR. SUITE 11 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33010 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTF: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE **SUAREZ-BASTER, RODRIGO** 1.2 NAME NAME 521 S.E. 7 ST. STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33010 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE SUAREZ, ELSIA R. NAME 2.2 NAME 521 S.E. 7 ST. STREET ADDRESS 2.3 STREET AODRESS HIALEAH FL 33010 CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CiTY-ST-ZiP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated if 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 refuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attendment with an address

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

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RODRIGO N SUABEZ

DELETE

CR2E034 (10/97

Addition

Change