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

FILED PROFIT Mar 27 1998 8:00am CLORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (6)**DUVANT & COMPANY** Principal Place of Business Mailing Address 1737 NW 79 AVE 1737 NW 79 AVE MIAMI FL 33126 MIAMI FL 33126 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/26/1981 Applied For 2. Principal Place of Business 2a. Mailing Address 59-2110807 Not Applicable 26 21 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 Trust Fund Contribution Added to Fees 23 28 Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 RAMIREZ, CARLOS 1737 NW 79 AVE. Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI FL 33126 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** DATE Signature, typed or prioted name of registered agent and trie if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13 DELETE Change 1.1 TITLE TITLE RAMIREZ, CARLOS NAME 1.2 NAME 1737 NW 79 AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition **VPM** □ DELETE 2.1 TITLE TITLE BELITSKY, ALAN 2.2 NAME NAME 1120 VALENCIA AVE. STREET ADDRESS 2.3 STREET ADDRESS **CORAL GABLES FL** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition 3.1 TITLE TITLE MARIA MESA-NAVARRO 3.2 NAME NAME 3664 SW 26TH STREET 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 3.4. CITY - ST- ZIP CITY - ST - ZIP __ DELETE Change ___ Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP ☐ Addition DELETE Change 61 TITLE 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 armual 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 for on an attachment with an address.

NAME

STREET ADDRESS

3/18/97