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

FILED PROFIT Jan 21 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** F42935 (9) CROUSILLAT BROTHERS, INC. Principal Place of Business Mailing Address 7112 S.W. 47TH STREET 7112 S.W. 47TH STREET MIAMI FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 09/01/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2118373 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CROUSILLAT CESAR A. 7112 S.W. 47TH STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33155 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, typed or printed 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. TITLE DELETE 1.1 TITLE Change CROUSILLAT, CESAR A NAME 1.2 NAME CR2E034 134 DOCKSIDE TERRACE STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ___ Change Addition TITLE 2.1 TITLE CROUSILLAT, SILVIA V 2.2 NAME 134 DOCKSIDE TERRACE STREET ADDRESS 2.3 STREET ADDRESS FT LAUDERDALE FL CITY - ST - ZIP 2. 4 CMY-ST-ZIP DELETE ☐ Change Addition TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ___ DELETE Change Addition TITLE 4.1 TITLE NAME 4, 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME

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 chment with an address.

SOPRIED CLAFF, ECESAR CROUSILIAT

6.1 TITLE

DELETE

5.3 STREET ADDRESS 5.4 CITY - ST-ZIP

6.3 STREET ADDRESS

8.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-Z#P

CITY - ST - ZIP TITLE

NAME

Change

Addition