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PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F92000000732 (9)

SAFER EQUITIES CORPORATION

Principal Place of Business Mailing Address 4001 NO. OCEAN BLVD., 401B

FILED Jan 23 1998 8:00am Secretary of State



4001 NO. OCEAN BLVD.. 401B **BOCA RATON FL 33431** BOCA RATON FL 33431 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 12/15/1992 2, Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 NOT APPLICABLE Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ No 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 VAN BERGH, ANITA 4001 NO OCEAN BLVD 401B Street Address (P.O. Box Number is Not Acceptable) 82 **BOCA RATON FL 33431** 83 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 life if applicable (10/97) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE POSADA, SERGIO E NAME 1.2 NAME CR2E034 4001 NO OCEAN BLVD 401B 1,3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33461** CITY - ST - ZIP 1.4 CITY-ST-ZIP Change DELETE Addition TITLE 2.1 TITLE TORO, ANA LUCIA NAME 2.2 NAME 4001 NO OCEAN BLVD 401B STREET ADDRESS 2.3 STREET ADDRESS BOCA RATON FL 33461 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 3.1 TITLE TITLE POSADA, JUAN F NAME 3.2 NAME 4001 NO OCEAN BLVD 401B STREET ADDRESS 3.3 STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DEFETE 4.1 TETLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-2IP DELETE Change ___ Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. I hereby certify that the Information substited with this filing do indicated on this annual aport or supplemental annual report officer or director of the corporation of the receiver or trustee. Block 12 or Block 12 of changed, or on an attachment with an s not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information strue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an however to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in