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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
Corporation Name: The SouTH West Group, LTD.
F97000002445

Principal Place of Business
1456 Wilson Ave
San Juan, P.R. 00907

Mailing Address
P.O. Box 5984
Ft. lauderdale, Fl.
33310

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10 June, 97

2. Principal Place of Business
21 The SouTH West Group, LTD
22 Suite, Apt. #, etc.: 1456 Wilson Ave
23 City & State: San Juan, P.R.
24 Zip: 00907
25 Country: Puerto Rico

2a. Mailing Address
26 Francisco Valencia
27 Suite, Apt. #, etc.: P.O. Box 5984
28 City & State: Ft. Lauderdale, Fl.
29 Zip: 33310
30 Country: U.S.A.

4. FEI Number: 65-0744108 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
Larry Wolfe
200-A John Knox Road
Tallahassee, Fl. 32303-6643

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code
N/A

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, type or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P/V NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE Francisco Valencia 1456 Wilson Ave San Juan, P.R. 00907	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition N/A
TITLE T/S NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE Francisco Valencia 1456 Wilson Ave San Juan, P.R. 00907	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition N/A
TITLE P/C NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE Francisco Valencia 1456 Wilson Ave San Juan, P.R. 00907	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE N/A	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE N/A	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE N/A	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 900002508889 -05/04/98--01026--019 **150.00

CR2E034 (10/97)

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.

SIGNATURE: Francisco Valencia 27 Apr 98 1-888-250-8241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #