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

FILED PROFIT Feb 23 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandre B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # G19584 (3)CORVENCAS, INC. Principal Place of Business Mailing Address 1470 NW 107TH AVE, STE I 1470 NW 107TH AVE. STE I MIAMI FL 33172-2734 DO NOT WRITE IN THIS SPACE MIAMI FL 33172-2734 3. Date Incorporated or Qualified 01/19/1983 2. Principal Place of Business 2a. Mailing Address Applied For 59-2262932 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.
Yes No Zip Zip Country Personal Property Tax due June 30. 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JIMENEZ, RAQUEL BENIGNO JIMENEZ Street Address (P.O. Box Number is Not Acceptable) 1470 NW 107 AVENUE 82 STE I 83 **MIAMI FL 33172** Zip Code 84 City MIAMI 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 vita, and accept the obligations of, Section 607.0505, Florida Statutes. Z-17-98 IMENEZ SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE ___ Change 1.1 TITLE TITLE DS JIMENEZ, RAQUEL NAME 1.2 NAME 7530 SW 67 ST 1.3 STREET ADDRESS STREET ADDRESS MIAM! FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME JIMENEZ, BENIGNO NAME 7530 SW 67 ST 2.3 STREET ADDRESS STREET ADDRESS MIAMI, FL 00000 2. 4 CITY-ST-ZIP CITY-ST-ZIP ■ Addition DELETE Change 3.1 TITLE TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 6.1 TrTLE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 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 of 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 changes, prior an attachment with an address.