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FILED PROFIT Apr 23 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # A & A ENTERPRISES, INC. Principal Place of Business Mailing Address 13011 S.W. B2ND STREET 13011 S.W. 82ND STREET MIAMI FL 33183 MIAMI FL 33183 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/23/1983 2. Principal Place of Business 2a. Mailing Address Applied For 59-2261762 Not Applicable Suite. Apt # etc Suite Apl #. 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 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the curren year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. [] No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name ABUHANTASH, MUSTAFA 13011 S.W. 82ND STREET **B2** Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33183 B3** 84 City 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 (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DILLETE 1.1 TITLE ☐ Change Addition ABUHANTASH, MUSTAFA M NAME 13011 S.W. 82ND STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI, FL 00000 1.4 CITY - ST - ZIP CITY-ST ZIP THLE DEFETE 2.1 TITLE Change Addition NAME abuhantash, barbara c. 2.2 NAME STREET ADDRESS 13011 S.W. 82 ST. 2 3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 C(1Y - ST - Z(P DELETE Change Addition TITLE 31 TITLE NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE Addition TITLE 4.1 1111.6 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DETELL Change Addition TITLE 5.1 THLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-S1-ZIP CITY-ST-ZIP DELETE ☐ Addition TITLE 6 1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certily that the information supplied with this filling 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 minutal 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 roceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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