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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

STAG, INC.

Principal Place of Business

Mailing Address

FILED

Apr 28 1998 8:00am

Secretary of State

1550 NW 96TH AVE 1550 NW 96TH AVE MIAMI FL 33172 MIAMI FL 33172 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 05/20/1983 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2338263 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 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 23 28 Zip Country Zıp Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SAMOLE, MYRON M P.A. 9700 S. DIXIE HWY., SUITE 1030 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33156** 83 Zip Code 84 City 85

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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change Addition DELETE TITLE 1.1 TITLE SAMOLE, SIDNEY 1.2 NAME NAME 1550 NW 96TH AVE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 City - ST - ZiP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE SCHNEIDER WERNER 22 NAME NAME 15581 SW 146TH AVE. 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 61 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 arrival report is true and accurate and final 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 executathis report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an effect ment with an address.

SIGNATURE:

CITY-ST-ZIP

04/20/98

(305)477-8080