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Feb 18 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # H63299 J.C. VAZQUEZ, CORPORATION Principal Place of Business Mailing Address 18525 N.W. 27TH AVENUE 18525 N.W. 27TH AVENUE DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/24/1985 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2550230 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Žipi 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 25 29 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name VAZQUEZ, JUAN D. 1445 W. 49 ST 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33012 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607, 1508, Horida 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 Horida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with land accept the obligations of, Section 607 0505, Florida Statutes. (NOTE First stered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PSTD DETER Change Addition TITLE 11 TIBLE VAZQUEZ, JUAN D. NAME 1.2 NAME 18525 N.W. 27 AVENUE STREET ADDRESS 13 STREET ADDRESS MIAMI FL CITY - \$1 - Z(P) 1.4 DITY-ST-ZIP DITTE Change Addition 2.1 11111 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 2 4 CITY - ST- ZIP DELETE Addition Change THILE 3 1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 4.1 HILE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP DETETE Change Addition TOTLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE Change Addition 6 1 111LF TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby certify that the information supplied with this 1 ling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this arrivoid report or supplienced a private 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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2/10/98

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