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STREET ADDRESS

CITY-ST-ZIP

PROFIT Feb 11 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name H94980 (0) VILLA J. M. L. CO. Principal Place of Business Mailing Address 1146 S.W. 22ND ST. 1146 S.W. 22ND ST. **MIAMI FL 33129** MIAMI FL 33129 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>01/17/1986</u> 2. Principal Place of Business 2a. Mailing Address Applied For 59-2656688 21 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 Trust Fund Contribution Added to Fees 28 Country Country ZiD 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. X Yes 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name VILLALOBOS, MIGUEL LUIS 1146 S.W. 22ND ST. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33129** 83 84 City Zip Code 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. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition 1.1 TITLE NAME VILLALOBOS, MIGUEL LUIS STREET ADDRESS 1146 S.W. 22ND ST. 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-\$1-ZIP DELETE Change Addition TITLE 21 TITLE NAME 22 NAME STREET ADORESS 23 STREET ADDRESS 2 4 DITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-SF-ZIF 4.4 CITY-ST-2IP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 61 TITLE NAME 62 NAME

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP 14. Thereby 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 suppliemental 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 recover or trustee compowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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