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

NAME STREET ADDRESS

CITY - ST - ZIP

SIGNATURE:

FILED FLORIDA DEPARTMENT OF STATE Jan 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # J04362 (6) BETTY O'KEEFE CASELL, INC. Principal Place of Business Mailing Address 8350 S.W. 155TH TERRACE 8350 S.W. 155TH TERRACE MIAMI FL 33157 MIAMI FL 33157 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/17/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1755299 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WALZER JOSEPH 9020 SW 85 TERRACE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33173 83 84 Citv 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 11 TITLE Change ___ Addition CASELL, BETTY O'KEEFE NAME 1.2 NAME 8350 SW 155TH TERR STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY~ST-ZIP DELETE Change TITLE 2.1 TITLE Addition CASELL, BETTY O'KEEFE NAME 2.2 NAME STREET ADDRESS 8350 SW 155TH TERR 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2, 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change CASELL, KATIE O'KEEFE NAME 3.2 NAME 8350 SW 155TH TERR STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ___ Change TITLE 6.1 TITLE

6.3 STREET ADDRESS

305235-7933

6.4 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 or 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 changed, or on an attachment with an address.