Apr 08, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 04-08-1999 90100 049 ***150.00 DIVISION OF CORPORATIONS 1999 **DOCUMENT # J35287** 1. Corporation Name C.R. CORDA, P.A. Principal Place of Business Mailing Address 3540 PALMETTO AVENUE 3540 PALMETTO AVENUE MIAMI FL 33133 MIAMI FL 33133 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 09/17/1986 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 59-2726463 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 Ziσ Country 8. This corporation owes the current year Intangilate Zio ☐ Yes Personal Property Tax. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent VOVA, PHILIP S 82 1101 RRICKELL AVE. SUITE \$500, BIV TOWER MIANI FL 33431 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 807.0505, Florida Statutes. SIGNATURE CR2E034 (11/98) ADDITIONS CHANGES TO OFFICERS AND D RECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Add tion DELETE 1.1 TITLE TIME CORDA, CHARLES R. 1.2 NAME HALE 3540 PALMETTO AVENUE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-51-ZIP CITY-S1-71P ☐ Addition Change DELETE TIME 2.2 NAME 2.3 STREET ADDRESS STREET AUDRES 2 4 CHY-ST-ZIP CITY-ST-77P ☐ Addition DELETE 3.1 TITLE TITLE NAME 3.3 STREET ADDRESS STREET ALKNESS 3.4. CITY-ST-ZIP CITY-ST-ZP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZP CITY-ST-2P Addition Change

6.4 CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information spots true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this fill inclicated on this annual report or supplemental annual efficier or director of the corporation or the receiver of the corporation or the receiver of the corporation. Block 12 or Block 13 if changed, o ess, with all other like empowered.

82 NAME 8.3 STREET ADDRESS

5.1 TITLE 52 NAME 5.3 STREET ADDRESS

5 A CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-JP

TITLE

DELETE

DELETE

Change

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