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

**PROFIT** May 14 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # J59729 (0) TUC-REN ENTERPRISES, INC. Principal Place of Business Mailing Address **% ERNESTO RENCURRELL** SERNESTO RENCURRELL 1698 S.W. 143 PL. MIAMI FL 33175 1698 S.W. 143 PL. DO NOT WRITE IN THIS SPACE MIAMI FL 33175 3. Date Incorporated or Qualified 02/25/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2811829 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 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 Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RENCURRELL, ERNESTO 1698 S.W. 143 PL. 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33175 83 84 City Zip Code 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition NAME RENCURRELL, ERNESTO 1.2 NAME 1698 S.W. 143 PL. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY - ST-ZIP 1.4 CITY-ST-ZIP TITLE ۷D DELETE 2.1 TITLE ☐ Change Addition NAME PAEZ, FRANCISCO J. 2.2 NAME STREET ADDRESS 1698 S.W. 143 PL. 2.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 2. 4 CITY - ST - ZIP TITLE TDS DELETE 3 1 TITLE ☐ Change Addition RENCURRELL, BARBARA NAME 3.2 NAME 1698 SW 143 PLACE STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE ☐ Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 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.

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**FILED**