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

CITY-ST-ZIP

FILED PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham 98 APR -3 AM 10: 41 ANNUAL REPORT Secretary of State 1**9**98 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE. FLORIDA **DOCUMENT** # J77399 (0)KING RICHARD CAB NO. 1057, INC. Principal Place of Business Mailing Address 621 NE 138TH ST 621 NE 138TH ST N MIAMI FL 33161 N MIAMI FL 33161 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>06/05/198</u>7 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 26 65-0032985 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 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 25 29 30 Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PESETSKY, WALTER S. TARRIS 1367 NE 162ND ST 62 Box Number is Not Acceptable)

E 13 & STREE N. MIAMI BEACH FL 33162 83 84 City Zo Code 3316 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. HARRIS LITWIN
(NOTE: Registered Agent signature required when reinstate VPDS **SIGNATURE** 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE TITLE PDT 1.1 TITLE Change Addition NAME **Br**ejt, abraham 1.2 NAME 621 NE 138TH ST STREET ADDRESS 1.3 STREET ADDRESS N MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP 6000024912**06**me-13ddiion DELETE TITLE **VPDS** 21 THUE -04/16/98---01107---010 LITWIN, HARRIS NAME 2.2 NAME ****150.00 ****150.00 **621 NE 138TH ST** STREET ADDRESS 2.3 STREET ADDRESS N MIAMI FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-ST-ZIP DELETÉ TITLE 6.1 TITLE ☐ Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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's 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 mystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 60 or an attachment with an address.

11000

3-20-90/2050