FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS J80751 DOCUMENT # **PUELLO & ASSOCIATES, INC.** Principal Place of Business Mailino Address 20120 BEL AIRE DR. 20120 BEL AIRE DR. MIAMI FL 33189-1412 MIAMI FL 33189-1412 3. Date Incorporated or Qualified 06/22/1987 3a. Date of Last Report 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0566896 26 Not Applicable 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 Γ 28 Trust Fund Contribution Added to Fees Country 2mCountry 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes X Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KADE, PAUL M. Street Address (P.O. Box Number is Not Acceptable) 9100 S. DADELAND BLVD. **SUITE 400** 83 MIAMI FL 33156-7814 84 City 85 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 accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and titled applicable (NOTE: Registered Agent signature required when reinstalling) 12. CR2E034 (12/95) OFFICERS AND DIFECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE S. 1 THILE Change Addition STOVALL, LUCY P. NAME 1.2 NAME 20120 BEL AIRE DR. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELFTE 2 1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST-ZIP TITLE DELETE 3. 1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 34 CHTY-ST-ZIP TITLE DELETE 4 1 THUE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP TITLE F7 DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHTY- ST-ZIP TITLE DEL FIE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-S1-ZIP 6.4 CITY - ST - ZIP 14. To hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this arrend report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 3 1 changed, or an attachment with an aldress.

Daytime Phone #

hment with an

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

Lucy

SIGNATURE: