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

CATY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FILED PROFIT Mar 19 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (8) FARVIEW ENTERPRISES, INC. Principal Place of Business Mailing Address 7200 N AUGUSTA DR C/O JULIAN HERNANDEZ MIAMI FL 33015 1150 NW 72ND AVE., SUITE 307 DO NOT WRITE IN THIS SPACE MIAMI FL 33126 3. Date Incorporated or Qualified 08/05/1987 2. Principal Place of Business 2a. Mailing Address Applied For 59-2842766 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & Stale \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HERNANDEZ, THANIA 7200 N. AUGUSTA DR. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33015** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607 05:02 and 607, 15:08, Florida Statules, 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 4 am familiar with, and accept the obligations of, Section 607,05:05, Florida Statutes. SIGNATURE Signature, typed or protect name of registered apoint and title if applicable (NOTE Registered Agent signature required when reinslating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DPTS DELETE Change Addition 11700 TITEF HERNANDEZ, THANIA A. 12 NAME NAME 7200 N. AUGUSTA DR. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ■ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 5 1 TITLE TITLE NAME 5.2 NAME 53 STREET ADDRESS STREET ADDRESS

14. I horeby 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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 chapter or an attachment with an address. Thania Hermander

54 CITY-ST-ZIP

6.4 CITY - ST - ZIP

Change

Addition |

61 THLE

6.2 NAME 6.3 STREET ADDRESS

DELETE