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

は 一人の東京教教の教育の

SIGNATURE:

Mar 13 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State Sandra B. Mortham , ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # J97898 (7)E.K. WILLIAMS & CO. OF MIAMI SOUTH Principal Place of Business Mailing Address 3270 SW 17TH ST 3270 SW 17TH ST MIAMI FL 83145 MIAMI FL 33145-1820 3. Date Incorporated or Qualified 3a, Date of Last Report 10/19/1987 05/01/1996 2a. Mailing Address 2. Principal Place of Business 4. FEL Number Applied For 65-0063677 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CENFUEGOS, ARMANDO R. 3270 SW 17 STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33145 83 84 Zip Code FL 11. Pursuant to the provisions of Socions 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) TITLE DELETE Change Addition 11 THE CENFUEGOS, ARMANDO R MALIF 1.2 NAME 3270 S.W. 17TH STREET STREET ADDRESS 1.3 STREET ADDRESS Miami Fl CITY-ST-ZIP 1.4 CITY-\$1-ZIP DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1.1/11/6 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 1iTLE Change ■ Addition TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE Change ☐ Addition 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do bereby 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 of director of the cooperation 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 phanged, or on an attrictment with an oddress.

SIGNATURE:

FILED