FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED PROFIT** Mar 20 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS **1998 DOCUMENT #** K14013 (2)MARCOS A. GONZALEZ, P.A. Principal Place of Business Mailing Address 19-W-40TH-8TREET 419 W 491H STREET DO NOT WRITE IN THIS SPACE -HIALEAH PL 33012 3. Date Incorporated or Qualified 01/29/1988 Principal Place of Business 4. FEI Number Applied For NW 27 AVENUE 26 NW 27 AMONIN 65-0107313 Not Applicable \$8.75 Additional Floor 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes □ No. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GONZALEZ, MARCOS A 419 W-49TH STREET 82 Street HIALEAH FL 33012 83 11. Pursuant to the provisions of Sections 697.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. The state of the corporation of the SIGNATUR of or printed hame of registered agent and title 4 applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TOTLE DELETE 1.5 TITLE Addition 7 NW 27 AUON GONZALEZ, MARCOS A. NAME 1.2 NAME 419 W 49TH STREET #212-STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP . 2.4 CITY - ST- ZIP DELETE TITLE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change 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 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 frue 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 trusted oppowered 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 chapter 607.