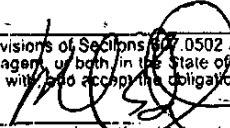


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90005 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K25304 OK ✓ 1. Corporation Name MANAGEMENT & BUSINESS ASSOCIATES, INC.					
Principal Place of Business 6595 N.W. 36 St., Ste C-309 MIAMI, FLA. 33166			Mailing Address 6595 N.W. 36 St., Ste C-309 MIAMI, FLA. 33166		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country		4. FEI Number 65-0077634 5. Certificate of Status Desired ☐ 6. Election Campaign Financing Trust Fund Contribution ☐ 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent 24 25 29			10. Name and Address of New Registered Agent 81 Name MANUEL E. IGLESIAS 82 Street Address (P.O. Box Number is Not Acceptable) ONE S.E. THIRD AVENUE 83 Ste 2250 84 City MIAMI FL 85 Zip Code 33131		
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 familiar with and accept the obligations of Section 607.0505, Florida Statutes.					
SIGNATURE  4/28/99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
12. OFFICERS AND DIRECTORS 1.1 TITLE CEO, SECRETARY ☐ DELETE 1.2 NAME MANUEL E. IGLESIAS 1.3 STREET ADDRESS 12300 Old Cutler Rd 1.4 CITY-ST-ZIP MIAMI FL 33156 2.1 TITLE PRESIDENT ☐ DELETE 2.2 NAME DAVID A. SCHRIER 2.3 STREET ADDRESS 6595 N.W. 36 ST C-309 2.4 CITY-ST-ZIP MIAMI FL 33166 3.1 TITLE ☐ DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE ☐ DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE ☐ DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE ☐ DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Applied For
Not Applicable\$8.75 Additional
Fee Required\$5.00 May Be
Added to Fees9. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name **MANUEL E. IGLESIAS**82 Street Address (P.O. Box Number is Not Acceptable)
ONE S.E. THIRD AVENUE83 **Ste 2250**84 City **MIAMI** FL 85 Zip Code **33131**

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 familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE **CEO, SECRETARY** ☐ DELETE1.2 NAME **MANUEL E. IGLESIAS**1.3 STREET ADDRESS **12300 Old Cutler Rd**1.4 CITY-ST-ZIP **MIAMI FL 33156**2.1 TITLE **PRESIDENT** ☐ DELETE2.2 NAME **DAVID A. SCHRIER**2.3 STREET ADDRESS **6595 N.W. 36 ST C-309**2.4 CITY-ST-ZIP **MIAMI FL 33166**3.1 TITLE ☐ DELETE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ DELETE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ DELETE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE

6.2 NAME

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)(b), 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 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 changed, or on any attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

System: Thru: #