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

May 20 1998 8:00am **PROFIT** LLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3) SOLOWEY & CO. Principal Place of Business Mailing Address % BARRY SOLOWEY % BARRY SOLOWEY 9350 SOUTH DIXIE HIGHWAY 9350 SOUTH DIXIE HIGHWAY DO NOT WRITE IN THIS SPACE MIAMI FL 33156 MIAMI FL 33156 3. Date incorporated or Qualified 07/27/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0199259 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SOLOWEY, BARRY 9350 **SOUTH DIXIE HIGHWAY** Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 314 83 MIAMI FL 33156 84 City 85 Zip Code FI Pursuant to the previsions of Sections 607 05.02 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOT) Registered Agent signature required when relistating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 THLE TITLE **\$OLOWEY, BARRY** 1.2 NAME 9350 S DIXIE HWY STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 1111 E 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 THLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51100 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETÉ Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIP 14. Thereby certify that the information supplied with this indicated on this annual report of supplemental and officer or director of the emploration of the trective in Block 12 or Block 13 or changed by an an ally hand g does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

report is true and accurate and that my signature shall have the says is the compowered to execute this report as required by Chapter 60

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me legal effect as if made under oath; that I am an Florida platutes; and that my name appears in