FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** OKEECHOBEE INVESTMENTS, INC. Principal Place of Business Mailing Address 11829 SW 77TH TERRACE -11829 SW 77TH TERRACE -**MIAMI FL 33183** - MIAMI FL 33183 P.OBOX 83-2047 3. Date Incorporated or Qualified 3a. Date of Last Report MIAMI FL 09/15/1988 04/17/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0097136 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 210 Country 8. This corporation has liability for intangible tax under s 199.032, 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PIEDRA, FRANCISCO J. Street Address (P.O. Box Number is Not Acceptable) 1182950 77 1775 W. OKEFCHOBSE RD. HIALEAH FL 33010-MIRMI F1 33183 City 84 85 Zip Code 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. (NOTE Registered Agent signature required when renstating) Signature, typed or predict name of registered agent and title if applicable CR2E034 (12/95) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIFLE DELETE PD 1 1 TITLE Change Addition NAM: PIEDRA, FRANCISCO J. 1.2 NAME STREET ADDRESS. 11829 SW 77TH TERRACE 1.3 STREET ADDRESS CITY ST ZIF MIAMI FL 1.4 CITY - ST - ZIP THILE DELE1E 2 1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-ST-ZP 24 CITY - ST-ZIP THEF DELETE 3 1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIF 3 4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change ☐ Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CF1Y - \$1 - 2IP 4.4 CITY - ST-ZIP THILE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY - ST - ZIF 5 4 CHY-ST-ZIP THILE DELETE 6 1 TITLE ☐ Change ☐ Addition NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADORESS CHY-S1-212 64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 oats; that I am an officer or director of the corporation or the receiver or trusted enhancement of 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 an attachment with an address.)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

FRANK PicdRA 00/19/96 (305) 279-0988