FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** May 19 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS **19**98 DOCUMENT # 1. Corporation Name K38353 (4) STELIE CORP. Principal Place of Business Mailing Address 4434 N BAY RD 4434 N BAY RD MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/12/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For NOT APPLICABLE 21 Not Applicable \$8.75 Additional Suite, Apt. #, etc Suite, Apt #, etc. 5, Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BERKÓWITZ, ABBEY 4434 N BAY RD Street Address (P.O. Box Number is Not Acceptable) MIAMI BCH FL 33140 83 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, 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 Lorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.05.05, Florida Statutes. Signature, typed or pointed name of registered againt and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change PSTD 1.1 TITLE TITLE BERKOWITZ, ABBEY NAME 1.2 NAME 3201 COLLINS AVE. STREET ADORESS 1.3 STREET ADDRESS MIAMI BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 City-St-ZiP Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CHTY-ST-ZIP CITY-ST-ZIP Change DELETE 4 1 TITLE TITLE 4. 2 NAME NAME 4 3 STHEET ADDRESS STREET ADDRESS 4.4 DITY - ST - ZIP CITY-ST-ZIP Change DELETE 51 TITLE TITLE 5.2 NAME NAME

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6.4 CITY - ST - ZIP CITY-ST-ZIP 14. Thereby 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 or director of the corporation or the receiver or ty-stop empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or on an allightment with an address.

6.1 TITLE

6.2 NAME

DELETE

53 STREET ADDRESS 54 CITY-ST-ZIP

6.3 STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

2/24/98