## **FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED PROFIT** FLORIDA DEPARTMENT OF STATE Jan 22 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (3)K68294 GUZO REALTY, INC. Principal Place of Business Mailing Address C/O GUSTAVO J. ALONSO C/O GUSTAVO J. ALONSO 20520 N.E. 20TH COURT 20520 N.E. 20TH COURT NORTH MIAMI BEACH FL 33179 DO NOT WRITE IN THIS SPACE NORTH MIAMI BEACH FL 33179 3. Date Incorporated or Qualified 03/01/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2939551 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 П 28 Trust Fund Contribution Added to Fees Zîp Country Country Zip 8. This corporation owes or has paid the current year Intangible 30 Yes 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ALONSO, GUSTAVO J. 20520 N.E. 20TH COURT Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI BEACH FL 33179 83 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 large accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE, Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE \_\_\_ Change Addition NAME ALONSO, GUSTAVO J. 12 NAME 20520 N.E. 20TH COURT STREET ADDRESS 1.3 STREET ADDRESS NORTH MIAMI BCH FL CITY - ST- ZIP 1.4 CITY-ST-ZIP TITLE DELETE ☐ Change Addition 21 TITLE NAME ALONSO, ZOE M. 2.2 NAME 20520 N.E. 20TH COURT STREET ADDRESS 2.3 STREET ADDRESS NORTH MIAMI BCH FL 2, 4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE TITLE 3.1 TITLE Change Addition -NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

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 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 an example of the corporation of the corpor

☐ DELETE

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

305-585-5154.

☐ Change

Addition