FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT ELORIDA DEPARTMENT OF STATE Feb 27 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1)K90074 U & G OF MIAMI, CORPORATION Mailing Address Principal Place of Business 11790 NW S RIVER DR 11790 NW S RIVER DR MEDLEY FL 33178 MEDLEY FL 33178 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/23/1989 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0121156 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apt #, etc. 5. Certificate of Status Desired X Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 25 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name ALVAREZ, JUAN C. 10210 NW 130 ST 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH GARDENS FL 33018 83 City 84 85 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE 1.1 TITLE TITLE ALVAREZ, JUAN C. 1.2 NAME NAME 10210 NW 130 ST 1.3 STREET ADDRESS STREET ADDRESS HIALEAH GARDENS FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change 2.1 TITLE TITLE RODRIGUEZ, DANIEL 22 NAME NAME 10621 S.W. 66TH ST. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 2 4 City-ST-ZIP DELETE ☐ Change 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change 4.1 TITLE TITLE

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 familial 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 proposition or the registrator 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 change 1, or only a appears in the proposition of the pr

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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4.3 STREET ADDRESS

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5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

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NAME STREET ADDRESS

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Change

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Applied For

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Not Applicable