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

PROFIT Feb 11 1998 8:00am LLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (3)L03872 **BROTHERS TWO INC.** Principal Place of Business Mailing Address 1946 NW 17TH AVE 1946 NW 17TH AVE MIAMI FL 33016 MIAMI FL 33016 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/20/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0134086 21 26 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 Added to Fees 23 28 Trust Fund Contribution Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GARCIA, ARMANDO J. 960 E 17 ST Street Address (P.O. Box Number is Not Acceptable) 82 HIALEAH FL 33010 63 City 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. Fhereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature req Signature, type dior printed name of responsed ingont and title it apolleable. d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DE LE TE Change ■ Addition TITLE 1.1 TITLE GARCIA, ARMANDO J. NAME 1.2 NAME 960 E 17 ST STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP STD ☐ DELETE __ Change ___ Addition 2.1 TITLE TITLE GARCIA, ADALBERTO A. NAME 22 NAME 5860 W 20 LN STREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP Addition __ DELETE Change 3 1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ DELETE 6 1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address

dal Benio

SIGNATURE:

FILED

305.324-0155