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

TITLE

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

**FILED** Feb 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # (0)CARLA PUBLISHING CORP. Principal Place of Business Mailing Address C/O RAMIRO CARDENAL C/O RAMIRO CARDENAL 525 RIDGWOOD RD 525 RIDGEWOOD RD KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/04/1989 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For GZO HAKBOR CIRCLE SHIVE 65-0150929 Not Applicable Suite, Apt. #, elc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be KEY BISCA YNG Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible 12V 29 Personal Property Tax due June 30. ☐ Yes □ No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name CARDENAL, RAMIRO 525 RIDGEWOOD RD 82 Box Number is Not Acceptable) **KEY BISCAYNE FL 33149** 83 Bischyne 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 Signature, typed or proded man e of my stered inpent and table it applicable (NOTE Hingistored Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE RAMIRO, CARDENAL NAME 1.2 NAME 525 RIDGEWOOD RD. STREET ADDRESS 1.3 STREET ADDRESS 33(49 KEY BISCAYNE FL 14 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST- ZIP CITY ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TO LE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE

6.1 TITLE 6.2 NAME

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 suppliemental 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 emportered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed 2 on an attrictment with an address.

SIGNATURE:

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP