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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L32567 (4)

tee empowers

J.R. PICANOL, INC.

SIGNATURE:

FILED Mar 06 1998 8:00am Secretary of State



2/28/98

182-30 34

Principal Place of Business Mailing Address 14461 SW 83 ST MIAMI FL 33183 14461 SW 83 ST MIAM! FL 33183 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/29/1989</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0158795 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name vega. Robert O. 14461 SW 83 ST 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33183** 83 84 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. 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 pented name of registered agent and title 4 applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change TITLE 1.1 TITLE PICANOL, JAIME R. 1.2 NAME NAME STREET ADDRESS 14461 SW 83 ST 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE 22 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 44 CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-S1-ZIP CITY-ST-ZIP DELETE 6 1 1ITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP I hereby certify that the information supplied with this filly indicated on this annual report or supplemental annual re-officer or director of the corporation or the receiver of tru-Block 12 or Block 13 if changed, or on an attrichment with or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information turate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in does not quater ort is true and