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

SIGNATURE:

PROFIT FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 OCT 23 AM !!: 08 DOCUMENT # (3)L51561 SECRETARY OF STATE
TALLAHASSEE, FLORIDA EL LAND CORPORATION OF MIAMI INC. Principal Place of Business Mailing Address % ELVIN LANDERO % ELVIN LANDERO 72 W 21 ST 72 W 21 ST DO NOT WRITE IN THIS SPACE HIALEAR FL 33010 HIALEAH FL 33010 3. Date Incorporated or Qualified US 02/15/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable 65-0171826 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zlp Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 29 30 Personal Property Tax due June 30. 25 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LANDERO, ELVIN 72 W 21 ST 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33010 83 84 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 originations of Section 607.0505, Florida Statutes.

SIGNATURE SIGNATURE (NOTE, Registered Agent signature required when reinstating) (10/97)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1,1 TITLE LANDERO, ELVIN 1.2 NAME NAME R2E034 72 W 21 ST STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 500002675299 — EAddyon 2.1 TITLE TITLE -10/28/98--01097--021 NAME 2.2 NAME ****550.00 ****550.00 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST*ZIP 3.4. CITY - ST - ZIP __ DELETE Change ___ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE SITIME NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5,4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE noitibhA 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 on an attachment with an address.