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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L56934** **(7)**

1. Corporation Name
MONTALVO PROPERTIES, INC.

Principal Place of Business	*Mailing Address*
401 N.E. 121ST STREET MIAMI FL 33161 US	P.O. BOX 210891 ROYAL PALM BEACH FL 33421-0891 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1990

2. Principal Place of Business
21: 1074 D Hyacinth Pl
22 Suite, Apt. #, etc.: Wellington
23 City & State: Florida
24 Zip: 33414 25 Country: Palm Beach

2a. Mailing Address
26: Montalvo Properties Inc
27 Suite, Apt. #, etc.: P.O. Box 210891
28 City & State: Royal Palm Beach
29 Zip: 33421- 30 Country: 0891

4. FEI Number: 22-3055842 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
FEINBERG, JEFFREY
4651 SHERIDAN ST
SUITE 300
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent
81 Name: Olga J. Montalvo
82 Street Address (P.O. Box Number is Not Acceptable): 1074 D. Hyacinth Place
83: Wellington, Flo Fl 33414,
84 City: Palm Beach 85 Zip Code: FL

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: Olga J. Montalvo Director 3-6-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLGA MONTALVO, C/O IRMA ALS 1074 D Hyacinth Place Wellington Flo 33414	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Olga J. Montalvo 1074 D. Hyacinth Place Wellington, Flo 33414	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONTALVO, OLGA 1074 D Hyacinth Place Wellington, Flo 33414	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Ramon Montalvo 1074 D. Hyacinth Place Wellington, Flo 33414	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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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, or on an attachment with an address.

SIGNATURE: Olga J. Montalvo 3/10/97