FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** May 06 1998 8:00am ELORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L61415 (0) LANCE JOSEPH ESQ. P.A. Principal Place of Business Mailing Address 6950 N. KENDALL DR. 6950 N. KENDALL DR. DO NOT WRITE IN THIS SPACE MIAMI FL 33156 MIAMI FL 33156 US 3. Date Incorporated or Qualified 03/30/1990 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For 65-0182551 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country Zip Country $Z_{(0)}$ 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. Yes □ No 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JOSEPH, LANCE 6950 N. KENDALL DR. Street Address (P.O. Box Number is Not Acceptable) SUITE 200 83 **MIAMI FL 33156** 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 printed name of registered agent and title if applicable (NOTE: Rogistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE JOSEPH, LANCE NAME 1.2 NAME 6950 N. KENDALL DR. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 14 City - St - ZiP TITLE DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - \$T - ZIP DELETE Change ☐ Addition 4.1 THLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 Cily - ST - ZiP DELETE Change Addition TITLE 5.1 TILLE NAME 5.2 NAME

CITY-ST-ZIP 64 CITY-ST-ZIP this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information famuual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an larger trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in frihant with an address. 14. Thereby certify that the information supplindicated on this annual regard or supplindicer or director of the compation of the Block 12 or Block 13 if changes or on a

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

4/22/68 305 667-0700

Change

Addition