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

changed, or on an attachment with an address

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ELORIDA DEPARTMENT OF STATE Jun 11 1998 8:00am **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS **19**98 DOCUMENT #
1. Corporation Name DYETEX, INC. Principal Place of Business Mailing Address 5297 NW 161ST 8T 5287 NW 161ST ST HIALEAH FL 33014-6221 HALEAH FL 33014-6221 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/23/1990 Applied For 2. Principal Place of Business Mailing Address 4. FEI Number Sam Not Applicable 65-0210556 1112 Nes Suite, Apl. #, otc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired 2/8 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CASTÂNEDA, CARLOS I. 5287 NW 161ST ST Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33014 83 64 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stgnature, type I or point diname of registered agent and trie if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE TITLE 11 TITLE CASTANEDA, CARLOS I. 1.2 NAME NAME 5287 NW 161ST ST STREET ADDRESS 13 STREET ADDRESS HIALEAH FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition SD 21 TITUE TITLE CASTANEDA, ANGELA 22 NAME **5287 NW 161ST ST** 2.3 STREFT ADDRESS STREET ADDRESS HIALEAH FL 2. 4 CITY - \$1 - ZIP CITY - ST - ZIP Change Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change . Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-S1-ZIP Change Addition DELETE 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 6171746 TITLE 6.2 NAME NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supposed 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 offect 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

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**FILED**