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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L70930

HOZ & COMPANY, INC.

 Mailing Address	_

FILED Feb 09 1998 8:00am Secretary of State



Principal Place of Business 970 HUNTING LODGE DR 880 ORIOLE AVENUE MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/07/1990 Principal Place of Business 2a. Mailing Address Applied For FEI Number 21 26 65-0184767 Not Applicable Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DE LA HOZ, LEOPOLDO 970 HUNTING LODGE DR Street Address (P.O. Box Number is Not Acceptable) MIAMI SPRINGS FL 33166 83 84 City Zip Code 85 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ___ Change Addition 1.1 TITLE

TITLE NAME DELAHOZ, LEOPOLDO 1.2 NAME CR2E034 970 HUNTING LODGE DR STREET ADDRESS 1.3 STREET ADDRESS MIAMI SPRINGS FL CITY - ST - ZIP 1.4 CITY - ST - 7IP DELETE TITLE 2.1 TITLE Change Addition NAME GRISSELL, DE LA HOZ 2.2 NAME STREET ADDRESS 970 HUNTING LODGE DR 2.3 STREET ADDRESS MIAMI SPINGS FL CITY-ST-ZIP 2. 4 CITY-\$T-ZIP ☐ DELETE TIT? F 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change Addition 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6,3 STREET ADDRESS

CITY-ST-ZIP 6.4 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, or on an aphyshment with an address.

SIGNATURE:

(305)599-1120