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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 97 SEP -3 MM 11: 26 DOCUMENT # SECRETARY OF STATE TALLAHASSEE FLORIDA 3. Date Incorporated or Qualified 3a. Date of Last Report 996 4. FEI Number Applied For Not Applicable 1NAC711/P Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State \$5.00 May Be 6. Election Campaign Financing August AFTER X 23 28 Trust Fund Contribution Added to Fees Country 24 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name TERANCISCO DOMINEURZ Streel Address (P.O. Box Number is Not Acceptable) TRANCISCO DENLINGUEZ 83 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. TINAMEISEO Repetitive Formatting) Dommeucz Maurica SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13, DELETE 1 1 111LE ☐ Change ☐ Addition TITLE PRESIdent 800002284518---6 -03/04/37--01046--006 NAME 1.2 NAME TRANCISCO DOMINGUEZ STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP *****165_00 ******165_00 | Change | Addition | 800002284548---6 CITY-ST-ZIP RRESIDENT DELETE TITLE 21 TITLE 2.2 NAME NAME --09/04/97---01046---007 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition TITLE DELE 1E 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - \$1 - ZIP DELETE Change Addition TITL€ 41 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 5 1 TITLE Change Addition NAME." 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY- Se ZIP DELFTE 6.1 TillE Change Addition TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6 4 CITY-\$1-2IP 14. I do 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 trusted 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. Conjust 30/97