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

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 28 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (2)ALVIN AND ASSOCIATES, INC. Principal Place of Business Mailing Address 16570 NE 26TH AVE. 2B 16570 NE 26TH AVE. 2B NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 33160 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/21/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2435986 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5- Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes 25 Personal Property Tax due June 30. 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JOSEPH, ALVIN 16570 NE 26TH AVE. 2B Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI BEACH FL 33160 83 84 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 charging 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: Registered Agent signature required when reinstating) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE 1,1 TITLE Change TITLE NAME JOSEPH, ALVIN C. 1.2 NAME 16570 NE 26TH AVE. 2B STREET ADDRESS 1.3 STREET ADDRESS N.MIAMI BCH FL CITY-ST-ZIP 1.4 CITY-ST-7IP DELETE Change Addition TITLE 2.1 TITLE JOSEPH, RENEE NAME 2,2 NAME 16570 NE 26TH AVE. 2B STREET ADDRESS 2.3 STREET ADDRESS N. MIAMI FL CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE ☐ Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Addition TITUE 5.1 TITLE Change NAME 5.2 NAME

6.4 CITY - ST- ZIP CITY-ST-ZIP 14. Thereby 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS

TITLE

NAME

HIRED

■ DELETE

Change

Addition

CR2E034 (10/97)