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

Feb 18 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # M18511 (9) CARABALLO LOCKSMITH, INC. Principal Place of Business Mailing Address % ANTONIO CARABALLO % ANTONIO CARABALLO 8514-8 SW 24TH STREET 8514-B SW 24TH STREET DO NOT WRITE IN THIS SPACE MIAMI FL 33155 MIAMI FL 33155 3. Date Incorporated or Qualified 07/26/1985 2. Principal Place of Business 2a. Mailing Address Applied For 59-2568935 26 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 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CARABALLO, ANTONIO 6404A S. W. 24TH ST: 1520 S.W. 17 TEMPLE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 32155 88145 83 Zip Code 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 (NOT) Registered Agent signature required when reinstating) Signature Typerfor printed name of regestivest agent and little if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1 1 10 E TITLE CARABALLO, ANTONIO NAME 1.2 NAME 1520 S. W. 17TH TERR. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY - ST - ZIP DELFTE Change Addition 2.1 TITLE TITLE CASTILLO, REY 2.2 NAME NAME 1520 SW 17 TERR STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change 3.1 TITLE Addition TITLE VERAS, JOSE NAME 3 2 NAME 1520 SW 17TH TERR 3.3 STREET ADDRESS STREET ADORESS MIAMI FL 3.4. CITY - ST - ZIP CITY - ST - ZIP Addition OLLETE Change TITLE 4.1 TITLE MUNIERROSA: OSCAR-4 2 NAME NAME -1820 OW-17-TERR STREET ADDRESS 4.3 STREET ADDRESS MIAMI-FL CITY-ST-ZIP 4.4 City-St-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 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

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