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

14. I hereby certify that the information's indicated on this annual report or su officer or director of the corporation Block 12 or Block 13 if changed, or

SIGNATURE:

d with this filing g nental annual rep receiver or truste attachment with

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 22 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (4) ARRIOLA ENTERPRISES, INC. Principal Place of Bustness Mailing Address 13449 NW 42 AVENUE 13449 NW 42 AVENUE MIAM! FL 33054 MIAMI FL 33054 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/29/1985 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 59-2778032 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 Ζiρ Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Yes Yes Personal Property Tax due June 30, 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MURAI WALD BIONDO MATTHEWS & MORENO P.A. 830 INGRAHAM BUILDING Street Address (P.O. Box Number is Not Acceptable) 25 S.E. 2ND AVENUE 83 MIAMI FL 33131 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition ARRIOLA, JOSE, JR. NAME 1.2 NAME CR2E034 13449 NW 42 AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition 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 DELETE TITLE 6.1 TITLE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address