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

**FILED** Apr 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1)M28533 ROADBLOCKS, INC. Principal Place of Business Mailing Address 6002 NW 6TH AVENUE 8350 NE 4TH AVENUE MIAMI FL 33127 MIAMI FL 33138 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/07/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2640248 26 Not Applicable 21 Suite, Apl. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Z<sub>i</sub>p 8. This corporation owes or has paid the current year Intangible Yes □ No 24 25 29 30 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name LIVINGSTON, LAMAR 8350 NE 4TH AVENUE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33138** 83 84 City 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 little if applicable (NOTE: Registered Agent a gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TIFLE Change Addition LIVINGSTON, LAMAR NAME 1.2 NAME **CR2E034** 8350 NE 4TH AVE. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33138** CITY-ST-ZIP 1.4 City-St-ZiP DELETE Change Addition 21 TITLE TITLE LIVINGSTON, DONNA 2.2 NAME NAME 8350 NE 4TH AVE. 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33138** 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change TITLE 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 TOTLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - S1 - 7IP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

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 attachment with an address. Lanzar LIVINKOSTON) SIGNATURE:

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

STREET ADDRESS