FILE NOW: FILING FEE AFTER MAY 1 IS \$550 **FILED PROFIT** STATE FLORIDA DEPARTMENT Feb 03 1997 8:00am CORPORATION Sandra B. Mort ANNUAL REPORT Secretary of Sta Secretary of State 1997 DIVISION OF CORPOR IONS **DOCUMENT # M32286** (0)MCKEE, B&E INC. Principal Place of Business Mailing Address 1065 E 19TH ST 1065 E 13TH ST HIALEAH FL 33010 HIALEAH FL 33010-3752 3. Date Incorporated or Qualified 3a. Date of Last Report 05/19/1986 06/14/1996 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 59-2684532 Not Applicable 21 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032. Yes 🗌 No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MCKEE, ELAINE 10000 S.W. 91ST TERRACE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33176** 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 Stor atoric, typical or percticis career of registered agent and title. Lappicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. vpst Addition DELETE Change 11 TITLE THLE MCKEE, ELAINE NAME 1.2 NAME 10000 SW 91ST TERR STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 14 CITY-ST-ZIP CRY-ST-76 ☐ Change DELETE Addition 21 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST - ZIF DELETE Change Addition THE 3 1 7 ITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST - ZIF DELETE Change Addition 4.1 TITLE TILLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME: 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - \$1 - ZIP DELETE Change Addition 6.1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP City-St-ZiP with this filing does opternental annual ot qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the I do hereby certify that the information information indicated on this annual re deport is true and accurate and that my signature shall have the same legal effect as if made under oath; that fee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name Lam an officer or director of the cor appears in Block 12 or Block 13 if receiver or

SIGNATURE: