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

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FILED **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Sep 24 1998 8:00am ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS AMENDED 1998 Secretary of State DOCUMENT # M35830 L. Vidal, Inc. Principal Place of Business Mailing Address 13360 N.W. 7 Ave 13360 N.W. 7 Ave Miami, FL. 33168 Miami, FL. 33168 3. Date Incorporated or Qualified 3a. Date of Last Report 07/28/86 May 1998 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2715151 Not Applicable 21 26 Suite, Apt *, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Zio Country Florida Statutes XXYes ☐ No 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Leyte-Vidal, Jose Street Address (P.O. Box Number is Not Acceptable) 611 S.W. 87 Ct. <u> 13360 N.W. 7 Avenue</u> 83 Miami, FL. 33174 84 Miami, FL. 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (40/o) 13. 12. Change Addition DELETE 1 1 TITLE D/P/VP/T/S D/P/T12 NAME NAME Leyte-Vidal, Jose Leyte-Vidal, Jose 1 3 STREET ADDRESS 16231 S.W. 81 St. STREET ADORESS 16231 S.W. 81 St. 1.4 City, St. 7IP Miami. FL. <u>Miami, FL. 33193</u> CITY - ST - ZIP X DELETE Change Addition 2.1 TITLE RTLE D/V/S 2.2 NAME NAME Ramirez, Eustaquio, O. 2.3 STREET ADDRESS STREET ADDRESS 297 S.W. 113 Ave. 2 4 CITY-ST-ZIP Miami, FL, 33174 CITY-ST-ZIP ☐ DELETE 3.1 FITLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY+ST-ZIP CITY-ST-ZIP DELETE Change Addition 4 1 TITLE TITLE 4 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY - ST - ZIP 6000026501**4**6 DELETE Addition 5 I TITLE TITLE 5.2 NAME -09/28/98--01068--041 **53 STREET ADDRESS** STREET ADDRESS ***61.25 5.4 CITY+ST-ZIP CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS **6 3 STREET ADDRESS** CITY-ST-ZIP 6 4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with the 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 supplierhental 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 opportation or the receiver of 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.

July 6, 1998

305-685-8954