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PROFIT CORPORATION ANNUAL REPORT

1. Corporation Name

DOCUMENT # M42570



Secretary of State DIVISION OF CORPORATIONS

FILED Mar 14, 1999 8:00 am FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State 1999

03-14-1999 90036 038 ***150.00

OLGA CUTTING, INC. Principal Place of Business Mailing Address 4595 E. 10 LANE 4595 E. 10 LANE HIALEAH FL 33013 HIALEAH FL 33013 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/03/1986 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 59-2741125 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible 30 Personal Property Tax. 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent NAPOLES, OLGA 82 Street Address (P.O. Box Number is Not Acceptable) 4595 E 10 LANE HIALEAH FL 33013 83 84 85 Zip Code City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change ☐ Addition 1.1 TITLE TITLE NAPOLES, OLGA 12 NAME 4595 E 10 LANE 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE T DELETE 2.1 TITLE **LUIS NAPOLES** 2.2 NAME NAME 4595 E. 10TH LANE 2.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ D€LETE TITLE 3.1 TITLE NAME 3.2 NAME 33 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 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-ST-ZIP Change ☐ Addition ☐ DELETE 6.1 TITLE 6.2 NAME

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 attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

1-11-99 (3 05) 653-5858

CR2E034 (11/98)