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

SIGNATURE:

Mar 23 1998 8:00am PROFIT ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name M62829 (0) SANSEI SOUTH, INC. Principal Place of Business Mailing Address C/O RUSSELL ROGG C/O RUSSELL ROGG 20435 OLD CUTLER RD 20435 OLD CUTLER RD DO NOT WRITE IN THIS SPACE MIAMI FL 33189 MIAMI FL 33189 3. Date Incorporated or Qualified <u>11/20/1987</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 21 65-0016587 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. **2** Yes ☐ No 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROGG. RUSSELL 20435 OLD CUTLER RD 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33189 B**3 84 City 85 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 life if a ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE PD 1.1 TATLE ROGG, RUSSELL 1.2 NAME NAME **CR2E034** 16715 SW 87TH PL STREET ADDRESS 1.3 STREET ADORESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change 2.1 TITLE TITI F 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - 7IP DELETE Change Addition TITLE 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TIFLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST- ZIP CITY-ST-ZIP tion 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 by supplier rental 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 along the inceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in a flackment with an address. 14. I hereby certify that the information indicated on this annual report or officer or director of the composition Block 12 or Block 13 if changed.

FILED