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

STREET ADDRESS

CITY-ST-ZIP

**FILED PROFIT** FLORIDA DEPARTMENT OF STATE Mar 31 1998 8:00am CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (5)AIS WEST PALM BEACH, INC. Principal Place of Business Mailing Address % JOHN J. HERNANDEZ % JOHN J. HERNANDEZ 6969 W. 20TH AVE. 6969 W. 20TH AVE. HIALEAH FL 33014 DO NOT WRITE IN THIS SPACE HIALEAH FL 33014 3. Date Incorporated or Qualified <u>08/29/1988</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0118863 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Yes □ No 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HERNANDEZ, JOHN J. 6969 W. 20TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33014 83 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 title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE ☐ Change 1.1 TITLE Addition LOTSPEICH, JAY W. NAME 1.2 NAME 6969 W 20TH AVE. STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE PD DELETE 2.1 TITLE Change Addition NAME HERNANDEZ, JOHN J. 2.2 NAME 6969 W 20TH AVE. STREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition PETRICONS, JULIE PETRIONE, JULIE NAME 3.2 NAME 6969 W 20TH AVE. STREET ADDRESS 3.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 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 Block 12 or Block 13 if changed, or on an attachment with an address.

JOHN HERNANDEZ + PRESIDENT