## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

SIGNATURE:

Sep 03 1998 8:00am **NONPROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 N9600002892 DOCUMENT # Jolosia Congrega Congrega Conac. de Your PENTE COSTAL, Inc. Principal Place of Business 235 NW 3574 3. Date Incorporated or Qualified MILMI, FZ 4. FEI Number 65 - 0683235 Applied For Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 27 Trust Fund Contribution 22 Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 ☐ Yes ☐ No Ζιρ Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ENRIQUE REYES ENRIQUE REYES
235 NW 3574 ST. 82 Street Address (P.O. Box Number is Not Acceptable) 83 3512 MILMI, Fr. 275 NW 84 Zip Code MID WIL 11. Pursuant to the provisions of Soctions 617.0502 and 617.1508. 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed of printed name of registered agent and title if applicable.

[NOTE Registered Agent signature required when reinstating)

DATE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Pagrop Director DELETE Change Addition TITLE 1.1 TITLE Evergue **1.2 NAME** 235NW STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP Director - Se Bosn Reges Secretary □ DELETE Addition TITLE 21 TITLE 2.2 NAME 235 NW. STREET ADDRESS 2.3 STREET ADDRESS CITY-S1-ZIP 2 4 CITY-ST-ZIP Vice + Pres/Director DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP 1341 TITLE Change Addition TITLE Jones Emano 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-S1-7P 4.4 C(1Y-ST-Z)P 5000025321 PG DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME -09/04/98--01064--0**0**5 5.3 STREET ADDRESS STREET ADDRESS \*\*\*70.00 5.4 CITY - ST - ZIP CHY-S1-7P TITLE DELFTE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 14. Thereby 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**FILED** 

(3051 887-2555