SECOND NOTICE: CC ... Al. ... L .. L. DEVED C. C., AFTER JEL 1 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25). APPROVED NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 98 OCT 30 PM 12: 36 DOCUMENT # N9700004304 (8) SECRETARY OF STATE TALLAHASSEE, FLORIDA THE SOUTH FLORIDA RENEWAL NETWORK, INC. Principal Place of Business Mailing Address 12458 SAWGRASS CT. 12458 SAWGRASS CT. 3. Date incorporated or Qualified WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414 07/29/1997 4. FEI Number 65-0777312 Applied For Not Applicable 2. Principal Place of Business 21 4742 NW 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association?]Yes ☑No SOC A 23 Country 8. This corporation owes or has paid the current year Intangible Yes 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MICHAEL GOTTA ORTEGA-BETANCOURT, JOSE Street Address (P.O. Box Number is Not Acceptable) 82 12458 SAWGRASS CT. 83 WEST PALM BEACH FL 33414 84 City BOCA RATON 11. Pursuant to the provisions of sections 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 objection of 17.0503, 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE PRESIDENT X Addition 2 DELETE Change 12 NAME IRA BRAWER 22095 ATAMAN ST, NAME 1.3 STREET ADDRESS STREET ADDRESS 33428 1.4 CITY-ST-ZIP BOCA RATON, FL CITY-ST-ZIP TITLE 2.1 TITLE VICE-PRESIDENT Change X Addition DELETE JOSEPH GUADAGNINO NAME 2.2 NAME 189 W. CAMINO REAL BOUM RATON, FL 33432 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP SECRETARY MICHAEL GOTTA 2250 SW 35 AVE 3.1 TITLE ... D TITLE -- -- DELETE Change NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS DELRAY BEACH 33445 3.4 CITY-ST-ZIP CITY-ST-ZIF 4.1 TITLE TREASURER TITLE Change X Addition DELETE 4.2 NAME GARY DOLPHUS NAME 4.3 STREET ADDRESS 7881 PEBBLE BEACH CT. STREET ADDRESS AKE WORTH, FL CITY-ST-ZIP 4.4 CITY-ST-ZIP 8000002681438 TITLE 5.1 TITLE DELETE NAME 5.2 NAME 11/05/98--01083--006 STREET ADDRESS 5.3 STREET ADDRESS *****61.25 ****B1.25 CITY-ST-ZIP 5.4 CTTY-ST-ZIP TITLE 6.1 TITLE Change DELETE Addition NAME 6.2 NAME

> 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Maisoc ⊖UIRED UNTED NAME OF SIGNING OFFICER OR DIRECTOR

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attagrament with an address.