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FILED Mar 25, 2002 8:00 am Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS DOCUMENT # P01000/1857/ ORANGE GROVE INVESTMENTS, INC. 427658 Principal Place of Business Mailing Address 7160 S.W. 8 STREET DO NOT WRITE IN THIS SPACE MIAMI, FLORIDA 33144 3. Date Incorporated or Qualified 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 33-0994725 26 7/60 S.W. 8 STREET 21 Not Applicable Suite. Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired П Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be ELORIDA MIAMI 23 Trust Fund Contribution Added to Fees Zin Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ESTEVEZ, GONZALO Street Address (P.O. Box Number is Not Acceptable) 7160 S.W. 8 STREET MIAMI, FLORIDA 33144 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 or niep name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change Addition NAME 1.2 NAME ESTEVEZ, GONZALO STREET ADDRESS 13 STREET ADDRESS 7/60 S.W. 8 STREE 1 4 CITY - ST - ZIP CITY-ST-ZIP DELETE · Change TITLE 2.1 TITLE Addition NAME 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3 1 TITLE ☐ Change Addition NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS 34 CUV - 51-24P CITY-ST-ZIP DELETE Change Addition 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY - ST - ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP TITLE DELETE Addition 5 1 TITLE Change NAME 6 2 NAME STREET ACCRESS 63 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - 7IP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section (19.07(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 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

officer or director of the corporation of 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINCES WARE OF AGNING OFFICER OR DIRECT

STEVEZ 3/4/

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