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FILED

Feb 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P10608** (8)  
1. Corporation Name  
**SUZICO, INC.**

Principal Place of Business

**42 N.E. 25TH STREET  
MIAMI FL 33137**

Mailing Address

**42 N.E. 25TH STREET  
MIAMI FL 33137**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/29/1986**

4. FEI Number

**59-3698883**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30  
9. Name and Address of Current Registered Agent

**ROBINSON, SABRINA D. C/O  
100 NE 3RD AVE  
SUITE 1100  
FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name

**ROBINSON, SABRINA D. C/O**

82 Street Address (P.O. Box Number is Not Acceptable)

**2601 SO. BAYSHORE DR. # 1600**

83

84 City

**MIAMI**

**FL**

85 Zip Code

**33133**

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]*  
Signature of Registered Agent (if registered agent and title is applicable)

**SABRINA D. ROBINSON**

(NOTE: Registered Agent signature required when reinstating)

**1/9/92**

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**P  
ROBINSON, GARY  
42 N.E. 25TH STREET  
MIAMI FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 12 NAME ☐ Change ☐ Addition

1.2 NAME 13 STREET ADDRESS ☐ Change ☐ Addition

1.3 STREET ADDRESS 14 CITY-ST-ZIP ☐ Change ☐ Addition

1.4 CITY-ST-ZIP 2.1 TITLE ☐ Change ☐ Addition

2.1 TITLE 2.2 NAME ☐ Change ☐ Addition

2.2 NAME 2.3 STREET ADDRESS ☐ Change ☐ Addition

2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.4 CITY-ST-ZIP 3.1 TITLE ☐ Change ☐ Addition

3.1 TITLE 3.2 NAME ☐ Change ☐ Addition

3.2 NAME 3.3 STREET ADDRESS ☐ Change ☐ Addition

3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.4 CITY-ST-ZIP 4.1 TITLE ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME ☐ Change ☐ Addition

4.2 NAME 4.3 STREET ADDRESS ☐ Change ☐ Addition

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.4 CITY-ST-ZIP 5.1 TITLE ☐ Change ☐ Addition

5.1 TITLE 5.2 NAME ☐ Change ☐ Addition

5.2 NAME 5.3 STREET ADDRESS ☐ Change ☐ Addition

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.4 CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME ☐ Change ☐ Addition

6.2 NAME 6.3 STREET ADDRESS ☐ Change ☐ Addition

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

CR2E034 (10/97)