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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 21 1998 8:00am

Secretary of State

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***150.00

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P92000002195 (5) DOCUMENT

MISS PUERTO RICO OF SOUTH FLORIDA PAGEANT, INC.

Principal Place of Business Mailing Address 3191 CORAL WAY 3191 CORAL WAY **SUITE 115-180** SUITE 115-180 DO NOT WRITE IN THIS SPACE MIAM? FL 33145 MIAM! FL 33145 3. Date Incorporated or Qualified 10/26/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0363999 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zφ Country This corporation owes or has paid the current year Intangible Yes ☐ No 24 25 Personal Property Tax due June 30. 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LOPEZ, JOSEPH F 3081 SAIZEDO STREET 82 Street Address (P.O. Box Number is Not Acceptable) 2ND FLOOR 83 **CORAL GABLES FL 33134** 84 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pointed name of repretend apert and title if applicable (NOTI: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE COMACHO, ISRAEL NAME 1.2 NAME 3081 SAIZEDO STREET 2ND FLOOR STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL 33134** 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 2.1 117LE Change ☐ Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIE DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - S1 - ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119/(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 a pattachment with a randress.