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

PROFIT CORPORATION ANNUAL REPORT

1998

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Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

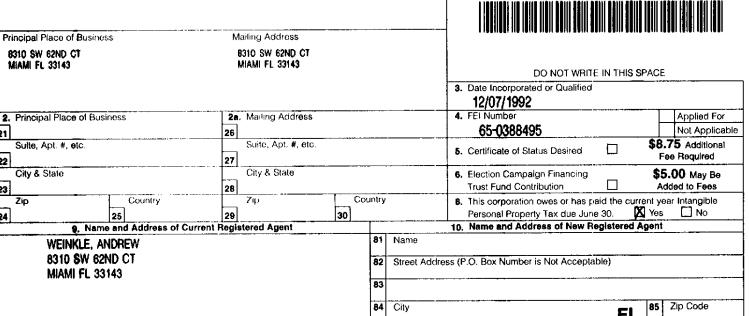
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000009788 (0)

ANDREW WEINKLE & ASSOCIATES, INC.

Principal Place of Business Mailing Address 8310 SW 62ND CT 8310 SW 62ND CT MIAMI FL 33143 **MIAMI FL 33143**

FILED May 14 1998 8:00am Secretary of State



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 .	Stonature, typed or prioled name of registured agent and thir it applicable	le (NOTE Re	egistered Agont signature	required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO	O OFFICERS AND DIRECTOR	
TITLE	D	DELETE	1.1 TITLE		☐ Change	Addition
NAME	WEINKLE, ANDREW		1.2 NAME			
STREET ADDRESS	8310 SW 62ND CT		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33143		1.4 CITY-ST-ZIP			
TITLE		DELETE	2.1 TITLE		☐ Change	Addition
NAME			2.2 NAME	1		
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-SY-ZIP			2. 4 CITY - ST-ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	•	DELETE	51 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-S1-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			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 by 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 or an attachment with an address.

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