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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998DOCUMENT #

P92000009989 (4)

R. VARGAS CONSULTANTS, INC.

FILED

May 14 1998 8:00am

Secretary of State

CR2E034 (10/97

Principal Place of Business Mailing Address 741 N.W. 32ND CT. 741 N.W. 32ND CT. MIAMI FL 33125 MIAMI FL 33125 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/01/1992 2a. Mailing Address 2. Principal Place of Business 4. FEI Ny fipei Applied For 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 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ** Yes \quad \text{No} No ŽΦ Personal Property Tax due Jurie 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name VARGAS, ROGELIO **741 N.W. 32ND COURT** 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33125** 83 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutos. **SIGNATURE** Signature, typed or proted name of rejestered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE VARGAS, ROGELIO NAME 1.2 NAME 741 N.W. 32ND CT. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - S1 - ZIP DELETE Change Addition TITLE 2.1 THUE VARGAS, CARMEN NAME 22 NAME 741 N.W. 32ND CT. STREET ADDRESS 23 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP Change DELETE Addition TITLE 5 1 11TLF NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C(1Y - ST - Z(P DELETE Change Addition 6.1 TITL€ TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 arrival report or supplieriental 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 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, of on an effective with an address.