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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000010621 (0)

DEVETTE CORPORATION

Principal Place of Business 9255 S.W. 63RD STREET

Mailing Address

9255 S,W. 63RD STREET

FILED Jan 30 1998 8:00am Secretary of State



MIAMI FL 33173 MIAMI FL 33173 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/10/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0375167 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes No. 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 SACKS, YVETTE 9255 S.W. 63RD STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33173 83 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 printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ DELETE Change TITLE 1.1 TITLE SACKS, YVETTE 1.2 NAME NAME 9255 S.W. 63RD STREET 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE 2.1 TITLE Change noitibhA TITLE SACKS, YVETTE 2.2 NAME NAME 9255 S.W. 63RD ST. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE Change □ Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST- ZIP DELETE Change ■ Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE. 5.1 TITLE ___Change _ _ Addition_ 5.2 NAME NAME

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 cath; 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

271-7905

Change

Addition

(10/97

CR2E034