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

SIGNATURE

PROFIT FLORIDA DEPARTMENT OF STATE FILED **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 MAY 1 PH 12: 43 DOCUMENT # P9 3 000011153 SECRETARY OF STATE TALLAHASSEE, FLORIDA ROBER AND SONS GENERAL CORP.
Principal Place of Business Mailing Address 81365. W. 152 PL MIAMI, FC. 33193 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TOMAS, RUGER R. PAUL 8136 S.W. 152 PL. MIAMI, FL. 33 196 Street Address (P.O. Box Number is Not Acceptable) 82 9000025141 83 -05/06/98--01116--009 ****^{150.00} 64 City 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, typed or printed name of registered agent and their applicable (NOTE Registered Ageril signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PRESTOENT TITLE 1.1 TITLE Change Addition TOMAS, ROBER ROBALD NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE V. PRes. 21 100 5 Change ☐ Addition MAME TOMAS, ROBER REGOR 81365.W. 152PL. MEANT FL SECRETARY DELETE 2 2 NAME STREET ADDRESS 23 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST-ZIP TITLE 3.1 TITLE Change Addition tomAs, ROCER RONAN NAME 3.2 NAME STREET ADDRESS N.W. 152 PL. 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHY-ST-ZIP TITLE 4.1 TITLE Change ■ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - \$1 - ZIP 4.4 City-St-ZiP DELETE TITLE 5 1 14TLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C(1Y - \$1 - Z)P DELETE ☐ Addition TITLE 🛴 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the couperation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 in changed or on an attachment with an address.