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

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000013110 (0)

SPEC ENTERPRISES, INC.

CITY-ST-ZIP

Mailing Address Principal Place of Business 4654 S W 74TH AVE 4854 B W 74TH AVE MIAMI FL 33155-4456 MIAMI FL 33155 3. Date Incorporated or Qualified 3a. Date of Last Report 02/22/1993 06/21/1996 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 65-0395891 Not Applicable Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be Added to Fees Trust Fund Contribution 23 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SILVEIRA, ANDRES Name 6351 SW 6TH ST 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33144** 83 84 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 agest and title if applicable (NOT) Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 🔲 DELETË Change Addition 3.1 TITLE TITLE SILVEIRA, ANDRES 1.2 NAMI NAME 6351 SW 6TH ST 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33144** 3.4 CITY - ST - ZII CITY-ST-ZIP Change Addition DELFTE 2.1 1111.6 TITLE SILVEIRA, URSULA Q 2.2 NAMI NAME 301 ALMERIA STREET ADDRESS 2.3 STREET ADDRESS **CORAL GABLES FL 33134** CITY-ST-ZIP 2. 4 CHY+ \$1 - ZIP DELLTE ☐ Change Addition 3.1 1/11/ TETLE NAME 3.2 NAM! 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP Change Addition DELFTE TITLE 4.1 10118 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - St - 7 P Addition DELFTE Change TITLE 5.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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14. I do 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 logal effect as if made under eath; 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, of on an attachment with an address SILVEIRA NULLO9/97