FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~H93000002843~~
P93000021348

1. Corporation Name
ESCARLAPAS, INC

Principal Place of Business	Mailing Address
8110 S.W. 18TH TERR MIAMI, FL 33155	8110 S.W. 18TH TERR MIAMI, FL 33155

3. Date Incorporated or Qualified: 03/25/93
3a. Date of Last Report:

21 Principal Place of Business
22 Suite, Apt. #, etc.
23 City & State
24 Zip / 25 Country

26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip / 30 Country

4. FEI Number: 65-0395984 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust — ☐ — **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.052, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ESTHER ECHEVERRY
8110 S.W. 18TH TERR
MIAMI, FL 33155

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — 85 Zip Code — FL

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 title if applicable) (NOTE: Registered Agent signature required when name altered) DATE

12. OFFICERS AND DIRECTORS

TITLE: P/D NAME: ESTHER ECHEVERRY STREET ADDRESS: 8110 S.W. 18TH TERR CITY-ST-ZIP: MIAMI, FL 33155	☐ DELETE	
TITLE: V/P/D NAME: JUAN C. POTES STREET ADDRESS: 8110 S.W. 18TH TERR CITY-ST-ZIP: MIAMI, FL 33155	☐ DELETE	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	

13. Additional Officers and Directors

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	700002532487 -05/22/98--01007--010 ***150.00
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	LS 5.21
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

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 legal effect as if made under oath; 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 added by an attachment with an address.

SIGNATURE: V.P. JUAN C. POTES 4/20/98 305-266-4409

SIGNATURE AND TITLE OF CHAIRMAN, VICE CHAIRMAN, OFFICER OR DIRECTOR — DATE — Daytime Telephone Number