FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State OF CORPORATIONS 19964-16 P93000033516 (4) **DOCUMENT #** Corooration Name INVESCO ENTERPRISES, INC. Mailing Address Principal Place of Business 3367 S.W. 1ST AVENUE 3367 S.W. 1ST AVENUE MIAMI FL 33145 MIAMI FL 33145 3a. Date of Last Report 3. Date Incorporated or Qualified 06/06/1995 05/07/1993 Applied For 4 FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0409887 26 21 \$8.75 Additional Suite. Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired \Box Fee Required 27 22 \$5.00 May Be Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 23 28 This corporation has liability for intangible tax under s 199.032 Country Z_{ip} Country Zin Yes 🖪 No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) LOPEZ, ERASMO 82 3367 S.W. 1ST AVENUE 83 **MIAMI FL 33145** 85 Zio Code 84 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE arms, typed or printed name of regreteres agost and title riapplicative ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE 1 1 1111 PSTD 1000 1.2 NAME LOPEZ, ERASMO NAME 1.3 STREET ADDRESS 3367 S.W. 1ST AVENUE STREET ADDRESS 1.4 CHY - ST-7IP MIAMI FL 33145 CHY-S1-ZIP [] Change Addition DELETE 2.1 Tible TillE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - \$1 - 7/P CUTY-ST ZIP Change [] Add tion DELETE 3 1 DILE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CHTY - S1 - 7IP CHY-ST-ZIP ☐ Change The Addition DELETE 4.11/UE TILLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4 # CITY - ST. ZIP CITY-ST-ZIP ☐ Change ne-fibbA 🔲 DELETE 5 1 TILE TRUE 5.2 NAME NAME 5.3 STHELT ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CHY ST-ZiP ☐ Change Addition DELETE 6 1 THE TILE 6.2 NAME NAME 6.3 STREET ADDRESS STHEET ADDRESS

64 CHIY-ST ZIP

ERASMO LOPEZ PRESIDENT

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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 all achieves.

CR2E034 (12/95)