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PROFIT CORPORATION ANNUAL REPORT

1998



HI ORIDA DEPARTMENT OF STATE Sandra B. Mortham

Sepretary of State

DIVISION OF CORPORATIONS

FILED Feb 02 1998 8:00am Secretary of State

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DOCUMENT # P93000034020 (6) PACESETTER IMPROVEMENTS, INC. Mailing Address Principal Place of Business 5775 SW 35 ST 5775 SW 35 ST **MIAMI FL 33155** MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/07/1993 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 65-0411735 Suite, Apt. #, etc Suite, Apt. # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country 8. This reinporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FREITAG-PACE, BARBARA 5775 SW 35 ST Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33155 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 (NOTE Hegistered Atjent signature required when reinstating) ere of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELLIE Change TITLE 1.3 LITTLE FREITAG-PACE, BARBARA 1,2 NAME NAME 5775 SOUTHWEST 35TH STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 City-si-//P DELLIL Change LI TITLE HÏLE DC PACE, RONALD D 2.2 NAME NAME 5775 SW 35TH ST 2.3 STHEET ADDRESS STREET ADDRESS MIAMI F 2 4 CITY - ST-ZIP CDY-SI-ZP Addition DELETE TITLE 2.1 IIILE NAME. NAME A RIGHT ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY - SY - ZIP DELETE Change Addition 41 HITLE 4.2 NAME 4,3 \$TREFT ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CHY-SI-ZIP Change Addition DELETE 51 MLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY+ST-ZiP 54 CITY - ST - ZIP DELETE Change ___ Addition TITLE 6.1 LITLE 5.2 NAME NAME 6.3 STREET ADDRESS COTY-SI-ZIP 14. 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 13 if changed or on an attachment with an address

EN BARBARA PRETTAG-PACK 1/14 SIGNATURES