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

PROFIT CORPORATION ANNUAL REPORT

1998

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

APPROVED AND FILED

1998 SEP 30 PM 1:32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **P93000058858 (0)**

1. Corporation Name
THE TABLE DOCTOR CORP.

Principal Place of Business
7550 N.W. 8TH ST.
MIAMI FL 33126

Mailing Address
~~7550 N.W. 8TH ST.~~ 3141 SW 16TR
~~MIAMI FL 33126~~ MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

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

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip / Country 29 / 30

3. Date Incorporated or Qualified
08/23/1993

4. FEI Number
65-0433835
☐ Applied For ☐ Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
ORO, ZUMMY
~~7550 NW 8ST~~ 3141 SW 16 TR
~~MIAMI FL 33126~~ MIAMI, FL. 33145

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☒ DELETE
NAME	ORO, ZUMMY	
STREET ADDRESS	~~2441 SW 31 AVE. 301~~ 3141 SW 16 TR.	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		☒ DELETE
NAME	Columbie-Oro, Nicolas	
STREET ADDRESS	3141 SW 16TR	
CITY-ST-ZIP	MIAMI, FL. 33145	
TITLE		☒ DELETE
NAME	Columbie, Anthony	
STREET ADDRESS	3141 SW 16TR.	
CITY-ST-ZIP	MIAMI FL. 33145	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	☐ Change ☒ Addition
1.2 NAME	ORO, ZUMMY	
1.3 STREET ADDRESS	3141 SW 16 TR	
1.4 CITY-ST-ZIP	MIA FL. 33145.	
2.1 TITLE	VP	☐ Change ☒ Addition
2.2 NAME	Columbie-Oro, Nicolas	
2.3 STREET ADDRESS	3141 SW 16 TR.	
2.4 CITY-ST-ZIP	MIA FL. 33145	
3.1 TITLE	VP	☐ Change ☒ Addition
3.2 NAME	Columbie, Anthony	
3.3 STREET ADDRESS	3141 SW 16 TR	
3.4 CITY-ST-ZIP	MIA FL. 33145	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	P00002653502 - - 3	
4.3 STREET ADDRESS	-10/01/93 - 01063 - 005	
4.4 CITY-ST-ZIP	****150.00 ****150.00	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	SCC 9-30-98	

CR2E034 (10/97)

14. I 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 on an attachment with an address.

SIGNATURE: _____ **DATE:** _____