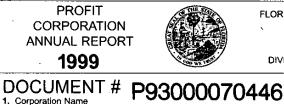
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1999

BIRD ROAD FINA, INC.

1. Corporation Name



DIVISION OF CORPORATIONS

Feb 09, 1999 8:00 am FLORIDA DEPARTMENT OF STATE Secretary of State **Katherine Harris** Secretary of State

02-09-1999 90009 017 ***158.75

ಕ್ಷಾರ್ಥ ಪ್ರಕರ್ಣ ಪ್ರಕರ್ಣ ಪ್ರಕರ್ಣ ಪ್ರಕರ್ಣ ಪ್ರಕರ್ಣ ಪ್ರಕ್ರೀಸಿಕೆ ಸಾರ್ಥಿಸುವ ಪ್ರಕರ್ಣ ಪ್ರಕ್ರೀಸಿಕೆ ಸಾರ್ಥಿಸುವ ಪ್ರಕರ್ಣ					
Principal Place of Business Mailing Address		******		- I SHANDON DER DATER DLUK BRIEF ERKIN ÖREN HERNE ERRIN ERKEN GONK BIRLIK 1989 -	
9400 BIRD RD MIAMI FL 33165	9400 BIRD RD MIAMI FL 33165			DO NOT WRITE IN THIS	S SPACE
				Date Incorporated or Qualifed 10/11/1993	
2. Principal Place of Business	2a. Mailing Address		•	4. FEI Number	Applied For
21	26			65-0451690	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 25	Zip (30)	Country		This corporation owes the current year in Personal Property Tax.	tangible
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FLORES, ORESTES 12200 SW 4TH TER		81 82	2 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33174		83		1.34	35 C 21 (417, 15- 8 vill 18) .

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.

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SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DPS DELETE 1.1 TITLE ☐ Change ☐ Addition NAME FLORES, ORESTES 1.2 NAME 12200 SW 4TH TER STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33174 1.4 CITY-ST-ZIP ☐ DELETE TITLE 2.1 TTLE ☐ Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE Change TITLE Addition 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE □ DELETE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CiTY-ST-ZIP 4.4 CITY-ST-ZIP □ DELETE Addition TITLE 5.1 TITLE ☐ Change 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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, with all other like empowered. on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)

Zip Code

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