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PROFI1 CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000014293 (2)

SALVADOR LOPEZ ENTERPRISES, INC.

Principal Place of Business Mailing Address 7228 W COLONIAL DR #103 7226 W COLONIAL DR #103 ORLANDO FL 32818 ORLANDO FL 32818 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/18/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3225076 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. ☐ Yes 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 LOPEZ, SALVADOR 7226 W COLONIAL DR #103 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32818 83 84 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. Thereby accept the appointment as registered agent. Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature: typed or project naive of a general agent and title diapplicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. 13. Addition DPST Change DELETE TITLE 1.1 TITLE Vice President Sylvia GALLARD OF LOPEZ, SALVADOR NAME 1.2 NAME 7226 W COLONIAL DR #103 1.3 STREET ADDRESS STREET ADDRESS w colonial ORLANDO FL 32818 1.4 CHTY-ST-ZIP CITY-\$1-7IF DELETE Addition 21 TITLE Change TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS C(1Y-\$1-Z(F 2. 4 CITY - ST - ZIP DELE1E Change Addition TITLE 3.1 THLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-7P Addition DELETE ☐ Change TITLE 4.1 11TLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$1-ZIP 4.4 CITY - ST - ZIP DELETE 4000024874 Equange Addition TITLE 5.1 TITLE -04/14/98--01001--034 5.2 NAME ***150.00 5.3 STREET ADDRESS STREET ADDRESS 5.4 CH1Y - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition 6.1 TITLE 62 NAME NAME **63 STREET ADDRESS** STREET ADDRESS

14. Thereby cortify 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 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 attachment with an address.

FILED

Apr 13 1998 8:00am

Secretary of State