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

29

PROFIT CORPORATION ANNUAL REPORT

1998

LOSADA, JOSE **371 NW 60 COURT**

MIAMI FL 33126

Zip

CITY-ST-ZIP

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 07 1998 8:00am

Secretary of State

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

Street Address (P.O. Box Number is Not Acceptable)

10. Name and Address of New Registered Agent

Applied For Not Applicable

Fee Required

\$5.00 May Be

Added to Fees

Yes

85

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000035581 (5)

SOUTH FLORIDA PROFESSIONAL REALTY, INC.

Country

9. Name and Address of Current Registered Agent

Principal Place of Business Mailing Address 371 NW 60 COURT 1115 NW 126TH PL MIAMI FL 33126 MIAM! FL 33182 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/09/1994 2. Principal Place of Business 2a, Mailing Address 65-0487.130 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution

Zip Code

Country

81

82

83 84 Name

30

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 foligations of Section 607.0505, Florida Statutes. Losada 3-18-98 **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELFTE ☐ Change ☐ Addition 1.1 TITLE NAME LOSADA, JOSE 1.2 NAME 115 NW 128TH PLACE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33182 CITY-ST-ZIP 1.4 C(TY - ST - 7)P DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 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 endowered 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.