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

## FLORIDA DEPARTMENT OF STATE Jan 28 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS

FILED

DOCUMENT # P94000073420 (9) TORNADO PROPERTIES, INC. Principal Place of Business Mailing Address 2201 SW 89 CT 2201 SW 89TH CT SUITE 104 SUITE 104 DO NOT WRITE IN THIS SPACE MIAMI FL 33165 MIAMI FL 33165 US 3. Date incorporated or Qualified 10/06/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0549998 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TRIAY, CARLOS A 999 PONCE DE LEON BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) #1110 83 MIAMI FL 33134 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, typed or printed name of registered agent and title if applicable 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change \_\_\_ Addition DELETE TITLE 1.1 TITLE RIVIERA, EDUARDO P 1.2 NAME NAME 10540 NW 26 STREET G-205 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE HERREA, LUIS NAME 2.2 NAME 10540 NW 26 STREET G-205 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE ☐ Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change \_\_\_ Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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, of 1-19-98

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP