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

DOCUMENT # P94000074367 (1)

STEVE TAGRIN ENTERPRISES, INC.

Principal Place of Business Mailing Address 206 W 21ST ST HIALEAH FL 33010 206 W 21ST ST HALEAH FL 33010 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/10/1994 2. Principal Place of Business 2a. Mailing Address 4. FFI Number Applied For 21 65-0531442 Not Applicable 26 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 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 26 29 Personal Property Tax due June 30. __ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PERLOW, JEFFREY M % JEFFREY M PERLOW & ASSOCIATES PA Street Address (P.O. Box Number is Not Acceptable) 1820 E HALLANDALE BEACH BLVD 83 HALLANDALE FL 33009 84 City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. PST DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE TAGRIN, STEVE NAME 1 2 NAME 206 W 21ST ST 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33010 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADORESS 2.3 STREET ADORESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Channe 6.1 TITLE TITLE

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 attactment with an address.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

4-22-98 30

305.885-1601

FILED

May 04 1998 8:00am

Secretary of State