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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

P94000074976 (9)

MC SQUARE, INC.

Principal Place of Business

Mailing Address

FILED May 19 1998 8:00am Secretary of State



-N-2000-DOUGLAS-RD-SUITE-501 %-2600 DOUGLAG-RD- 8UITE-501--GORAL-GABLES FL-38184 CORAL GABLES FL \$3134-DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/12/1994 2. Principal Place of Business C/O Joseph L. Caruncho 21 260 Douglas Road Sulfe, Apt #. dic. Mailing Address C/O Joseph L. Caruncho 2600 Douglas Road Suite, Apl. #, etc. 4. FEI Number Applied For 65-0530018 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Suite 500-A Suite 500-A Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Coral Gables, FL Coral Gables, FL 23 Trust Fund Contribution Added to Fees Zip 33134 Country Country 8. This corporation owes or has paid the current year Intangible 33134 USA USA Personal Property Tax due June 30. Yes ∏ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MUR. LAZARO J ESQ MUR, LAZARO J., ESQ. 2000-DOUGLAS RD-SUITE-501 Street Address (P.O. Box Number is Not Acceptable) 8400 NW 52nd Street 82 CORAL GABLES FL 33134 83 Suite Zip Code 33166 Miami 11. Pursuant to the provisions of Sections 607,d502 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 families with, approach the obligations of, Section 607,0505, Florida Statutes. MUR LAZBRO J SIGNATURE (NOTE: Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition TITLE 1.1 TITLE CARUNCHO, JOSEPH L CARUNCHO, JOSEPH L. NAME 1.2 NAME 2600 Douglas Road, Suite 500-A -2600 ÓOUGLAS-ROAD, SUITE-501-STREET ADDRESS 1.3 STREET ADDRESS Coral Gables, FL 33134 CORAL-GABLES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE MUR, LAZARO J. NAME MUR, LAZARO J 22 NAME 8400 NW 52nd Street, Suite 207 **-2600 DOUGLAS-ROAD, SUITE-5**01-STREET ADDRESS 2.3 STREET ADDRESS Miami, FL 33166 -CORAL-GABLES FL CITY-ST-7IP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 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 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - ST- ZIP DELETE Change Addition TITLE 5.1 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 STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 of 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. 4/22/0