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PROFIT CORPORATION ANNUAL REPORT

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STREET ADDRESS

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000076147 (5)

THE DALLAS COMPANY ENTERPRISES, INC.

Principal Place of Business Mailing Address 1840 W 49TH ST. SUITE A 1840 W 49TH ST. SUITE STE 704 STE 704 DO NOT WRITE IN THIS SPACE HIALEAH FL 33012 HIALEAH FL 33012 3. Date Incorporated or Qualified <u> 10/17/1994</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0526757 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the currently ear Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RODRIGUEZ, JOSE 7443 W. 34 LANE Street Address (P.O. Box Number is Not Acceptable) 83 HIALEAH FL 33018 84 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 profert name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSD DELETE TITLE 1.1 TITLE Change Addition NAME RODRIGUEZ, JOSE 1.2 NAME STREET ADDRESS 1840 W 49TH ST., STE 704 1.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIF 1.4 CITY - ST - ZIP TITLE DELETE ☐ Change 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7IP DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP 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 DELETE TITLE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME

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 comparation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED Apr 28 1998 8:00am Secretary of State

