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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000000700 (1)

MARIA T. CURRIER, P.A.

Mailing Address

200 SOUTH BISCAYNE BLVD. 4000 FIRST UNION FINANCIAL CENTER

Principal Place of Business

200 SOUTH BISCAYNE BLVD.

FILED Feb 20 1998 8:00am Secretary of State



4000 FIRST UNION FINANCIAL CENTER MIAMI FL 33131-2398 DO NOT WRITE IN THIS SPACE MIAMI FL 33131-2398 3. Date incorporated or Qualified 01/01/1995 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 21 26 65-0545727 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country Ζip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 30 ☐ Yes 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Currier, Maria T 200 SOUTH BISCAYNE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) 4000 FIRST UNION FINANCIAL CENTER 83 MIAMI FL 33131-2398 City 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition CURRIER, MARIA T NAME 1.2 NAME 200 SOUTH BISCAYNE BLVD. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33131-2398 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP TITLE DELETE Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 7/P TITLE DELETE 4.1 TITLE ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change TITLE ☐ Addition 5.1 TITLE 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 STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 attachment with an address.

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