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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000012450 (9)

JUAN F. BENITEZ, C.P.A., P.A.

FILED Jan 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2381 S.W. 90TH COURT 2381 S.W. 80TH COURT **MIAMI FL 33155** MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/14/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0554826 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees **Z**ip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BENITEZ, JUAN F -19865 S.W. 38 SI Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33165** 83 S.W. 36th Street 84 11. Pursuant to the provisions of Scotions 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) (10/97) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Precisent a Divector. Change X Addition TITLE 1.1 TITLE BENITEZ, JUAN F 12 NAME NAME 10865 S.W. 36 SI STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE BENITEZ, MARVELIA NAME 2.2 NAME 10865 S.W 36 SI STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-7IP DELETE TITLE ___ Addition 3.1 TITLE BENITEZ, JUAN M 3.2 NAME 10865 S.W. 38 SI STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE DON, MARIA NAME 4. 2 NAME 6881 SW 5TH ST STREET ADDRESS 4.3 STREET ADDRESS PEMBROKE PINES FL 33023 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 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 61 TITLE TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florica Statutes. I further certify that the information indicated on this annual report or supplimental 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.