

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

AMENDED

APPROVED
AND
FILED

98 DEC -1 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000044404 (8)

1. Corporation Name

Sub-Heute Management

Principal Place of Business

Mailing Address

401 Miracle Mile
Suite 306
Coral Gables, FL 33134

401 Miracle Mile
suite 306
Coral Gables, FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/95

4. FEI Number

65-0605255

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AZ Registered Agent Corp.
2601 S BAYSHORE DR.
SUITE 1600
MIA. FL 33133

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Director/President
NAME Puente, Marielena
STREET ADDRESS 401 Miracle Mile suite 306
CITY-ST-ZIP Coral Gables, FL 33134

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
700002703207-0
-12/04/98--01062--002
*****61.25 *****61.25

TITLE Director
NAME Otano, Jose A. Sr.
STREET ADDRESS 401 Miracle Mile suite 306
CITY-ST-ZIP Coral Gables, FL 33134

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE Director
NAME Musino, Martha
STREET ADDRESS 401 Miracle Mile suite 306
CITY-ST-ZIP Coral Gables, FL 33134

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE Director/Secretary
NAME Dajer, Martha
STREET ADDRESS 401 Miracle Mile suite 306
CITY-ST-ZIP Coral Gables, FL 33134

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 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.

SIGNATURE:

Puente

Dec 1998 (305) 445-1245

CR2E034 (5/98)