FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 24 1998 8:00am

Secretary of State

4467773

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000046140 (6)

Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CARDENAS RANCH CORPORATION

10400 SW 50 TERR 10400 SW 50 TERR MIAMI FL 33165 MIAMI FL 33165 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>06/14/19</u>95 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0598114 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 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\sigma\) No Country Ζıp 24 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CAREDENAS, CARLOS L 2231 S.W. 63RD AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33155** 63 Zip Code 33/6 MIAMI 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. __ DELETE Change Addition TITLE 1.1 TITLE CARDENAS, CARLOS L NAME 1.2 NAME 10400 SW 50 TERR STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP \$D DELETE Change ■ Addition TITLE 2.1 TITLE CARDENAS, RAFAEL NAME 2.2 NAME 10400 SW 50 TERR 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE TD 3.1 TITLE Change Addition CARDENAS, MARIA E NAME 3.2 NAME 10400 SW 50 TERR STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 3.4. CITY - ST- ZIP 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 Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in