FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jun 02 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # GASTONE" Principal Place of Business Mailing Address 1581 BRICKELL AVE. PH-102 1581 BRICKELL AVE. PH-102 MIAMI FL 33129 MIAMI FL 33129 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/14 1995 2. Principal Place of Business 2s. Mailing Address 4. FEI Nymber Applied For 0588 004 65 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ROSARIO F. GATTINONI 81 1581 BRICKELL AVE. PH-102 82 Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33129 84 City 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 ered Agent signature reg 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change Addition TITLE ROSARIO F. GATTINONI DELETE 1.1 TITLE NAME 1.2 NAME 1581 BRICKELL AVE. PH-102 STREET ADDRESS 1.3 STREET ADORESS **MIAMI FL 33129** CITY - ST - ZIP 1.4 CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE LU141 BURASCHI NAME 2.2 NAME 1581 BRICKELL AVE STREET ADDRESS 2.3 STREET ADDRESS MIARI 33129 CHY+SI-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE ☐ Change Addition 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 500002546965 STREET ADDRESS 4.3 STREET ADDRESS -86/04/98--01007--04 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition \*\*\*150.00 TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition TITLE DELETE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this fitting 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 supplierrental annual report is true and accurate and that my signature shall have the same logal 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, of on an attacheser with an address.