FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 04 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthage ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P95000050993 (1) **DOCUMENT #**1. Corporation Name ASHLEY & ASHLEY, INC. Principal Place of Business Mailing Address 8191 N.W. 27TH AVENUE 8191 N.W. 27TH AVENUE MIAM) FL 33147 MIAMI FL 33147 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/29/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0590992 21 26 Not Applicable Puite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Zip 24 30 25 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HERNANDEZ, AMY **4000 WEST 11 LANE** Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33012 83 84 City 33169 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 open, 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 697.0505, Florida Statutes. SIGNATURE DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1 1 TITLE SILVA, ZORAIDA 1.2 NAME NAME 301 NW 182 TERR STREET ADDRESS 1.3 STREET ADDRESS MIAM! FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE SANTOS, MARGARITA NAME 22 NAME 365 N.W. 190 STREET STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33169 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE ☐ Change SILVA, ZORAIDA NAME 3.2 NAME 301 N.W. 182 TERR 3.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33169** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition TITLE 5 1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS **STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

14. I hereby 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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STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP