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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000052418 (7) DOCUMENT #

HUNKER DOWN SYSTEMS, INC.

Principal Place of Business Mailing Address

FILED Jan 22 1998 8:00am Secretary of State

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8370 W. FLAGLER STREET. STE. 110 8370 W. FLAGLER STREET. MIAMI FL 33144 MIAMI FL 33144				ET. STE. 11	DO NOT WRITE IN THIS SPACE						
							 Date Incorporated or Qualified 07/07/1995 				
2.	2. Principal Place of Business 2a. Mailing Address						4. FEI Number		T	Applied For	
21							65-0729650			Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution				
24	Zip Country Zip Country 25 29 30			Count	Intry 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No					_ ~ _ 1	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
OVIEDO-REYES, ALFONSO E					1	Name				ļ	
8370 W. FLAGLER STREET, STE. 110					82 Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 33144											
i.					3	<u>-</u> -				, -	
				8	4	City		FL	85	Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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, and accept the appointment as registered agent. I am familiar with any accept the polipidations of Section 607.0505. Florida Statutes											

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 of applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS	, (NOTE: R		required when reinstating) D ADDITIONS/CHANGES TO OFFICERS	ATE	O IN I HO					
12.	P OFFICERS AND DIRECTORS	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change	Addition					
TITLE	•	DESCEIG	1.1 TITLE		1 Change	Addition					
NAME	OVIEDO-REYES, ALFONSO		1.2 NAME								
STREET ADDRESS	8370 W. FLAGLER STREET, STE. 110		1.3 STREET ADDRESS								
CITY-ST-ZIP	MIAMI FL 33144		1,4 CITY - ST - ZIP								
TITLE	VPS [DELETE	2.1 TITLE	•	L Change	Addition					
NAME	OVIEDO, GABRIELA		2.2 NAME								
STREET ADDRESS	8370 W. FLAGLER STREET, STE. 110		2.3 STREET ADDRESS								
CITY-ST-ZIP	MIAMI FL 33144		2. 4 CITY-ST-ZIP								
TITLE		DELETE	3.1 TITLE		☐ Change	Addition					
NAME			3.2 NAME								
STREET ADDRESS			3.3 STREET ADDRESS								
CITY-ST-ZIP			3.4. CITY - ST - ZIP_								
TITLE		DELETE	4,1 TITLE		☐ Change	Addition .					
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREET ADDRESS								
CITY-ST-ZIP			4.4 CITY-ST-ZIP								
TITLE		DELETE	5,1 TITLE	•	Change	Addition					
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY-ST-ZIP								
TITLE		DELETE	6.1 TITLE		Change	Addition					
NAME		Ì	6.2 NAME								
STREET ADDRESS			6.3 STREET ADDRESS								
CITY-SI-ZIP			6.4 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 his 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:

SIGNATURE B