**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$\$0.00 Apr 01 1998 8:00am FLORIDA DEPARTMENTO F STATE CORPORATION Sandra B. Mortem **ANNUAL REPORT** Secretary of State Secretary of Sta 1998 DIVISION OF CORPORTIONS DOCUMENT # P95000053095 (2) SANDOVAL, INC. Principal Place of Business Mailing Address 22164 S.W. 58TH AVE. 22164 S.W. 58TH AVE. **BOCA RATON FL 33428** BOCA RATON FL 33428 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/05/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0593745 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip  $\overline{c}$ This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SANDOVAL, MARIA Name 81 22164 S.W. 58TH AVE. **BOCA RATON FL 33428** 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 Zip Code 85 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the
office or registered agent, or both, in the State of Florida, Such change was authoriz
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida St ove-named corporation submits this statement for the purpose of changing its registered they the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registe 12. OFFICERS AND DIRECTORS CR2E034 (10/97 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ħ DELETE 1.1 Change Addition SANDOVAL, ORLANDO NAME 1.2 AME 22164 S.W. 58TH AVE. STREET ADDRESS REET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP IY-ST-ZIP TITLE DELETE 2.1 Change Addition MARIA SANPOVAL NAME ME STREET ADDRESS 22164 S.W. 58TH AVE. IRFET ADDRESS **BOCA RATON FL** CITY-ST-ZIP ITY - ST - ZIP TITLE DELETE Change Addition n.E NAME ME STREET ADDRESS REET ADDRESS CITY-ST-ZIP TY-ST-ZIP TITLE DELETE Change Addition n.e NAME AME STREET ADDRESS TREET ADDRESS CITY - ST - ZIP TY - ST - ZIF TITLE DELETE Addition Change ħΕ NAME 5.2 AME STREET ADDRESS 5.3 ireet address CITY-ST-ZIP TY-ST-ZIP TITLE DELETE Change Addition TLE NAME 6.2 AME STREET ADDRESS REET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the a indicated on this annual report or supplemental annual report is true and accurate a officer or director of the corporation or the receiver or trustee empowered to execut Block 12 or Block 13 if challood, or on all attachment with an address. TY-ST-ZIP emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information d that my signature shall have the same legal effect as if made under oath; that I am an his report as required by Chapter 607, Florida Statutes; and that my name appears in

h Candrial

SIGNATURE: