PROFIT
CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000054895

Corporation Name

TWENTY SEVENTH AND FIRST, INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| 101 SW 27 AVENUE<br>MIAMI, FL 33135<br>US | 101 SW 27 AVENUE<br>MIAMI, FL 33135<br>US |

| | |
|---|---|
| 3. Date Incorporated or Qualified: 07/17/95 | 3a. Date of Last Report: |
| 1. Principal Place of Business: 21 101 SW 27 AVENUE | 2a. Mailing Address: 26 101 SW 27 AVENUE |
| Suite, Apt. #, etc.: 22 | Suite, Apt. #, etc.: 27 |
| City & State: 23 MIAMI, FLORIDA | City & State: 28 MIAMI, FLORIDA |
| Zip: 24 33135 Country: 25 US | Zip: 29 33135 Country: 30 US |
| 4. FEI Number: 65-0609573 | ☐ Applied For ☐ Not Applicable |
| 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No | |

9. Name and Address of Current Registered Agent

PETER R ABESADA
2903 SALZEDO STREET
CORAL GABLES, FL 33134

10. Name and Address of New Registered Agent

81 Name: BENJAMIN LEON, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 11901 SW 64 STREET
83
84 City: MIAMI FL 85 Zip Code: 33183

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] BENJAMIN LEON, JR., DIRECTOR 06/06/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADD, CHANGE OR DELETE OFFICERS AND DIRECTORS | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BLANCO, JUAN<br>2821 SW 65th AVENUE<br>MIAMI, FL 33155 ☒ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | DIRECTOR<br>LEON, BENJAMIN, JR.<br>101 SW 27 AVENUE<br>MIAMI, FL 33135 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | ☐ Change ☐ Addition<br>400001869284<br>-06/20/96--01031--022<br>***225.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | ☐ Change ☐ Addition<br>6/19/96 |

I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR