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

FILED May 22 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 # P95000064271 (6) C. J. MENENDEZ COMPANY, INC. Principal Place of Business Mailing Address 6349 YW 536 87/ 3303 SW 107TH CT MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/18/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 65-06 1304 1 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Properly Tax due June 30. Yes 25 29 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent Menendel is Not Acceptable) The AVC 82 Street Address (P.O. Box Number 83 RESIGNED 4/1/98 Zip Code 84 May 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, by 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. Maraula 04-3098 Canbos SIGNATURE OFFICERS AND DIREC 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition TITLE __ DELETE 1.1 TITLE MENENDEZ, C.J. NAME 1.2 NAME 3303 SW 107TH CT STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33166** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITE F 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

***150.00 14. Thereby 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 ceport 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 trosled 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.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIF

04-30-98

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