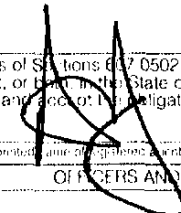
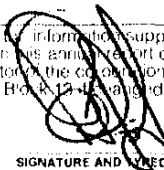


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000064590 1. Corporation Name 600-602, Inc.			
Principal Place of Business 6361 Sunset Drive South Miami, FL 33143		Mailing Address 6361 Sunset Drive South Miami, FL 33143	
2. Principal Place of Business 21 1607 Ponce De Leon Blvd Suite, Apt. #, etc. 22 Suite 101 City & State 23 Coral Gables, FL Zip 24 33134		2a. Mailing Address 25 8360 W. Flagler Street Suite, Apt. #, etc. 27 Suite 200 City & State 28 Miami, FL Zip 29 33144-2075 Country 30 US	
9. Name and Address of Current Registered Agent Alejandro Nunez, Esq. 6361 Sunset Drive South Miami, FL 33143		10. Name and Address of New Registered Agent 81 Name Alejandro Nunez, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 1607 Ponce De Leon Blvd. 83 Suite 101, Coral Gables, FL 84 City Coral Gables, FL 85 Zip Code 33134	
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, 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:  DATE: 4/15/97			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. DPST Espinol, Paulino 2785 N.W. 5th Street Miami, FL 33125 2. ☐ DELETE 3. ☐ DELETE 4. ☐ DELETE 5. ☐ DELETE 6. ☐ DELETE 7. ☐ DELETE 8. ☐ DELETE 9. ☐ DELETE 10. ☐ DELETE 11. ☐ DELETE 12. ☐ DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 7. ☐ Change ☐ Addition 8. ☐ Change ☐ Addition 9. ☐ Change ☐ Addition 10. ☐ Change ☐ Addition 11. ☐ Change ☐ Addition 12. ☐ Change ☐ Addition	
14. I do 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 as required, or on an attachment with an address. SIGNATURE:  DATE: 4/15/97 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Alejandro Nunez, Esq. Date: 4/15/97 Daytime Phone #: 3882542			

CR2E034 (9/96)