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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P9500064590

DIVISION OF CORPORATIONS

FILED May 29, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

05-29-1999 90005 002 ***750.00

600-602, INC. Principal Place of Business Mailing Address 14936 SW 104 ST 600 & 602 NW 23RD PLACE MIAMI FL 33196 DO NOT WRITE IN THIS SPACE MIAMI FL 33196 US 3. Date Incorporated or Qualifed 08/21/1995 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-06184<u>67</u> Not Applicable 26 21 Suite, Apt. #. etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip Country This corporation owes the current year Intangible Zip □No Personal Property Tax. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **ESPIMEL, PAVLINO** 82 Street Address (P.O. Box Number is Not Acceptable) 14936 SW 104 ST 83 **MIAMI FL 33196** Zin Code 84 City 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ Addition □ DELETE 1.1 TITLE [] Change DPST TITLE ESPINEL, PAULINO 12 NAME NAME 14936 S.W. 104TH STREET UNIT 20 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33196 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ___ Change ☐ DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY- ST- ZIP CITY-ST-ZIP [] Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information real 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 elever or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in takhment with an address, with all other like empowered. I hereby certify that the information indicated on this annual report or s officer or director of the corporation Block 12 or Block 13 if change

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034