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SIGNATURE: X Martha L. Maja

**PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** FILED Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS **19**98 98 JUL 24 PM 1:56 DOCUMENT # SECRETARY OF STATE TALLAHASSEE. FLORIDA EL Apache Mexican Reskuleant, Inc. Principal Flace of Business Mailing Address "SAME" 922 Blanding Blad. DO NOT WRITE IN THIS SPACE Orange Track, F1. 33065 3. Date Incorporated or Qualified 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 21 26 \$8.75 Additional Suite. Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zφ Country 8. This corporation owes or has paid the current year Intangible Zip Country ☐ Yes D No 30 Personal Property Tax due June 30. 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Maxuna Maria Street Address (P.O. Box Number is Not Acceptable) ass Blanding Blad. 83 Opance Pack, Fl. 32005 Zip Code 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. Thereby accept the appointment as registered agent 1 am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

SIGNATURE \*\*Martha\*\*

\*\*Total Control of (NCT) Registered Agent signature required when reinstating) CR2E034 (10/97) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. ☐ Change ☐ Addition FMS. **DELETE** 11100 DIS/D TITLE Maedra Mata 1.2 NAME NAME Jose Mada 922 Blanding Bld. Grance Bur, Fr. 32065 1.3 STREET ADDRESS ass Blandiuc Blud STREET ADDRESS 14 CHY-ST-7IP CITY-ST-7IP 2.1 TITLE TITLE 2.2 NAM: NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP 300002565473--9 DELETE TITLE 3.1 THLE -06/19/98--0106**8--**001 \*\*\*\*\*43.75 \*\*\*\*\*43.75 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. C(1) Y - ST - Z/P CITY-ST-7F 300002565**473--9** -07/27/98--01012**--**003 DELF1E TITLE 417011 4 2 NAME NAME \*\*\*\*\*26.25 \*\*\*\*\*26.25 4 3 STREET ADDRESS STREET ADDRESS 4.4 CHY-SI-2IP CITY - ST - ZIP Change Addition DELETE 51 1/11 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 City - St. ZIP CITY-ST-70 🔲 pileie 61 TI'LE ☐ Change Addition TITLE 6.2 NAME NAME G 3 STREET ADDRESS STREET ADDRESS 14. Thereby corfly 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 comprehence the receiver or trusted 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