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

PROFIT FILED FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 97 JUN - 4 AM 6: 43 1997 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT #** Principal Place of Business Mailing Address 8712 E Cresco Ln Same FL 34450 Inverses 3a. Date of Last Report 3. Date Incorporated or Qualified Oct 6, 1995 2. Principal Place of Business 2a. Mailing Address Applied for PO BOX 670 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Invelvess 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032.)SA 25 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Danny Suggs 2096 Forest Street Address (P.O. Box Number is Not Acceptable) INEL 1055 R4 City 85 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature Typed or printed har to of registered agent and Auri applicable (NOTE Registered Agent's greature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.3 TITLE President TILLE President Danny Suggs 3221 F. Thomas St Danny Suggs 2096 Facest NAME 1.2 NAME STREET ADDRESS 13 STREET ADDRESS Inverses FC 34453 inverses FL 34453 CITY-ST-7IP 14 C-1Y - S1 - ZIP DELETE 6000022065**86⁰46** -06/09/97--01182--015 TITLE 21 THILE e velasque NAME 2.3 STREET ADDRESS STREET ADDRESS ****165.00 ****165.00 33675 2.4 CITY - ST - Z/P CITY-ST-ZIP DELETE ___ Change ____ Addition TITLE 3.1 TITLE Manual Ponce 3507 Avlington Anc 3.2 NAM! NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY - ST-7IP DELETE Change 41 TITLE Addition TITLE Francisco 4 2 NAME NAME PO BOX STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP Jumoc 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 THUE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5 4 CITY - \$1 - ZIP DELETE Change Addition TITLE 6 1 1111 NAME 6.2 NAME STREET ADDRESS G 3 STREET ADDRESS 6.4 City - St - 7iP CHTY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 logal 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 13 if changed, or on an attachment with an address. 3/97 352 637-2427