FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FILED PROFIT. FLORIDA DEPARTMENT OF STATE 96 SEP 20 PM 3: 06 CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1996 P95000096281 **DOCUMENT #**  Corporation Name CIP & ROD ENTERPRISES, INC. Principal Place of Business Mailing Address A 116 N.W. 300W SAN GARLE 3034 SAN CARLOS DRIVE 62 AUE. MARGATE FL 30000 MARGATE FL 33063 3. Date Incorporated or Qualified 3a. Date of Last Report MARGATE Pl. 33063 12/18/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing City & State \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Zip Country Country Zio ☐ Yes No Florida Statutes 29 30 24 25 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 P160 Box Number is Not Acceptable CUELLAR, CIPRIANO Street A 82 3034 SAN CARLOS DRIVE 83 MARGATE FL 33063 84 City RGATE 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. 6-18-94 CIPRIAN WILAR pueno SIGNATURE To red with possibles 1 to the control of the 12. ☐ Change ☐ Addition DELETE 1. 1 TITLE rounden TITLE 6000001968316 1.2 NAME Cipriano Cuellar NAME -10/08/96--01155--009 3034 Son Corlos Drive 1.3 STREET ADORESS STREET ADDRESS \*\*\*\*225.00<u>\*\*\*</u>\*225.00 Margate, FL 3306 1.4 CfTY-ST-ZIP CITY-ST-ZIP ■ Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 3. 1 TITLE TITLE 3.2 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIF Addition Change DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 City - ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 6. 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 certify 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 if changed, or on an attachment with an address. sulfor 6-18-94 954-968-2899

Date Daytine Phone # CIPRIANO CUELLAR SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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