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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000005985

1. Corporation Name
Lemus & Associates Inc

LEMUS & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
6443 Turtle Rock Terr Miami Lakes, FL. 33014	6443 Turtle Rock Terr Miami Lakes, FL 33014

2. Principal Place of Business 21 6443 TURTLE ROCK TERR	2a. Mailing Address 26 6443 Turtle Rock Terr.	3. Date Incorporated or Qualified 1/17/96	3a. Date of Last Report
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0636482	☐ Applied For ☐ Not Applicable
City & State 23 MIAMI LAKES, FLORIDA	City & State 28 Miami Lakes, Florida	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 33014 / 25 USA	Zip / Country 29 33014 / 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AURA M. LEMUS 6443 Turle Rock Terr Miami Lakes, Florda 33014	81 Name: Aura Lemus 82 Street Address (P.O. Box Number is Not Acceptable): 6443 Turtle Rock Terrace 83 84 City: Miami Lakes FL 85 Zip Code: 33014

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: AURA LEMUS (Signature, typed or printed name of registered agent and title if applicable) Aura M. Lemus (NOTE: Registered Agent signature required when reinstating) DATE: 4/30/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☒ Addition Secretary Bryan A. Lemus 6443 Turtle Rock Terr 33014 Miami Lakes, Florida
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE President Aura M. Lemus 6443 Turtle Rock Terr Miami Lkes, FL. 33014	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☒ Addition Vice President Freddy J. Lemus 6443 Turtle Rock Terr Miami Lakes, Fl. 33014
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 800002212468 -06/16/97--01026--002 ***165.00

6/12/97

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: Aura M. Lemus - President 4/30/96 (305) 8275693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR