FILE NOW: FILING FEE AFTER MAY 1ST IS $150.00

FILED
Aug 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P96000022229

1. Corporation Name
Beckys Romance, Inc.
7513 Lo

Principal Place of Business / Mailing Address
7513 Lochness Drive
Miami Lakes, FL. 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 3/08/96

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 65-0733606 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Medina, Berta E.
7513 Lochness Drive
Miami Lakes, FL. 33014

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required)

12. OFFICERS AND DIRECTORS / **13.**

TITLE	Director ☐ DELETE	1.1 TITLE	
NAME	Berta E. Medina	1.2 NAME	
STREET ADDRESS	7513 Lochness Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Lakes, Fl. 33014	1.4 CITY-ST-ZIP	
TITLE	Director ☐ DELETE	2.1 TITLE	
NAME	Wisa Medina	2.2 NAME	
STREET ADDRESS	7513 Lochness Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Lakes, FL. 33014	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

To whom it May Concern,

We never received the first letter. Please forgive us for being late.

Thanks

12 ☐ Addition
☐ Addition
☐ Addition
☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

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***150.00

CR2E034 (10/97)

14. I 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: Berta E Medina — BERTA E MEDINA — 5/98 — 305-823-3298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number