SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Oct 16 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 # P96000025400 (8)

1. Corporation Name
MUNRO & MUNRO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
7205 NW 19 Street Suite 301 Miami, FL 33126	7205 NW 19th Street Suite 301 Miami, FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 3/18/1996

2. Principal Place of Business	2a. Mailing Address
21 7205 NW 19th Street	26 7205 NW 19th Street
Suite, Apt. #, etc. 22 Suite 301	Suite, Apt. #, etc. 27 Suite 301
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33126 / Country 25 USA	Zip 29 33126 / Country 30 USA

4. FEI Number: 65-0659395 ☐ 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	10. Name and Address of New Registered Agent
Deborah R. Waks Dadeland Towers North 9200 S. Dadeland Blvd. Suite 700 Miami, FL 33156	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: LOR 10-15-98
Signature - type/print name of registered agent or title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Lorin Munro	12 NAME	
STREET ADDRESS	7205 NW 19th ST, Ste 301	13 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33126	14 CITY-ST-ZIP	
TITLE	Vice President ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Olivia Munro	22 NAME	
STREET ADDRESS	7205 NW 19th ST, Ste 301	23 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33126	24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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: LORIN MUNRO 10-15-98 (305)471-5998