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

PROFIT ELORIDA DEPARTMENT DE STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAY 14 AM 11: 47 P96000027676 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA A. U. TONY, CORP. Principal Place of Business Mailing Address REINSTATEMENT 3601 NW 79TH STREET 7535 W. 6TH AVE. MIAMI, FL. 33147 MIAMI, FL. DO NOT WRITE IN THIS SPACE 33014 3. Date Incorporated or Qualified 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0591233 26 Not Applicable Sulte, Apt #, etc Suite, Apt #, etc. \$8.75 Additional XΧ 5. Certificate of Status Desired 22 27 Fee Required City & Stale City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 29 Personal Property Tax due June 30. XXII Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ANTONIO GARCIA 82 Street Address (P.O. Box Number is Not Acceptable) 7535 W. 6TH AVE 83 HIALEAH, FL 33014 84 City 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 bolls, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Fam familiar will, and accept the obligations of, Section 607.0505, Florida Statutes. 5-12-98 SIGNATURE Hogistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1.1III.E ☐ Change ☐ Addition ANTONIO GARCIA NAME 1.2 NAME 338--018 01120--018 7535 W. 6TH AVE STREET ADDRESS 13 STREET ADDRESS ****908.75 CITY-ST-ZIP HIALEAH, FL 33014 1.4 CITY - ST-ZIP DELETE TITLE 2.1 TITLE Change NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3 1 HILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET AUDRESS CITY-ST-ZIP 3 4. CHY-ST-ZIP DELETE TITLE A 1 TITLE Change ■ Addition NAME 4 2 NAME STREET ADDRESS 43 STREET ADDRESS TY-\$T-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 DRE Change Addition ME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 61TITLE Change Addition NAME 6.2 NAME STREET ADDRESS G 3 STREET ADDRESS CITY-ST-ZIP 64 City - St - ZiP 14. I hereby certify that the information supplied with this liling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. 5-12-98 SIGNATURE: CER OR DIRECTOR Daytone Phone #