FILE NOW: FILING FEE AFTER MAY 1ST IS \$5!

FILED **PROFIT** May 11 1998 8:00am FLORIDA DEPARTMENT STATE **CORPORATION** Sandra B. Morth **ANNUAL REPORT** Secretary of Stat-Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000027680 (3) A GIFT FROM GOD INC Principal Place of Business Mailing Address 8671 SW 24 STREET 8671 SW 24 STREET MIAMI FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0653931 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country 70 Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 Personal Property Tax due June 30. ☐ No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DELGADO, JULIO 8510 SW 133 COURT Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33183** 83 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: types or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change Addition 1 1 TITLE **DELGADO, JULIO** NAME 1.2 NAME **8510 SW 133 COURT** STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33183** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE DELGADO, SHELLY NAME 2.2 NAME 8510 SW 133 COURT STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33183** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 3fflE NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF DELETE TITLE 4.1 TOLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition

14. Thereby 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 trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changers, or on an altachment with an address.

6.4 CITY - ST - ZIP

62 NAME 6.3 STREET ADDRESS

CIGNATURE.

NAME

STREET ADDRESS CITY-ST-ZIP

Mesiflout

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