

FILED

Jan 27 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # P96000027916 (1)

1. Corporation Name  
**C G S DEVELOPMENT GROUP INC.**

| Principal Place of Business            | Mailing Address                        |
|--|--|
| 4546 N.W. 7TH AVENUE<br>MIAMI FL 33127 | 4546 N.W. 7TH AVENUE<br>MIAMI FL 33127 |

DO NOT WRITE IN THIS SPACE

|                                       |                            |
|---------------------------------------|----------------------------|
| <b>2. Principal Place of Business</b> | <b>2a. Mailing Address</b> |
|---------------------------------------|----------------------------|

|                     |  |                     |  |
|---------------------|--|---------------------|--|
| 21                  |  | 26                  |  |
| Suite, Apt. #, etc. |  | Suite, Apt. #, etc. |  |

|              |              |
|--------------|--------------|
| 22           | 27           |
| City & State | City & State |

|     |         |     |  |
|-----|---------|-----|--|
| 23  |         | 28  |  |
| Zip | Country | Zip |  |

|   |    |    |
|---|----|----|
| 24  | 25 | 29 |
| 9. Name and Address of Current Registered Agent |    |    |

CATA, JOSE  
4546 N.W. 7TH AVENUE  
MIAMI FL 33127

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 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 when reinstating)

DATE \_\_\_\_\_

12 OFFICERS AND DIRECTORS

| TITLE | PD | <input type="checkbox"/> DELETE |
|-------|----|---------------------------------|
|-------|----|---------------------------------|

NAME CATA, JOSE  
STREET ADDRESS 4546 N.W. 7TH AVE.  
CITY - ST - ZIP MIAMI FL 33127

|                 |                    |                                 |
|-----------------|--------------------|---------------------------------|
| TITLE           | VD                 | <input type="checkbox"/> DELETE |
| NAME            | SUAREZ, PABLO E    |                                 |
| STREET ADDRESS  | 4546 N.W. 7TH AVE. |                                 |
| CITY - ST - ZIP | MIAMI FL 33127     |                                 |

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | SD                 | <input type="checkbox"/> DELETE |
| NAME           | GIL, TOMAS         |                                 |
| STREET ADDRESS | 4546 N.W. 7TH AVE. |                                 |
| CITY - ST. ZIP | MIAMI FL 33127     |                                 |

|                 |                   |                                 |
|-----------------|-------------------|---------------------------------|
| TITLE           | TD                | <input type="checkbox"/> DELETE |
| NAME            | SUAREZ, TONY      |                                 |
| STREET ADDRESS  | 4546 N.W.7TH AVE. |                                 |
| CITY - ST - ZIP | MIAMI FL 33127    |                                 |

| CITY           | ST | ZIP | DELET |
|----------------|----|-----|-------|
| TITLE          |    |     |       |
| NAME           |    |     |       |
| STREET ADDRESS |    |     |       |
| CITY           | ST | ZIP |       |

| CITY, ST, ZIP | TITLE | NAME | STREET ADDRESS | CITY, ST, ZIP | DELET |
|---------------|-------|------|----------------|---------------|-------|
|               |       |      |                |               |       |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this annual report or supplemental annual report is true and correct. I am an officer or director of the corporation or the receiver or trustee empowered to file this report. Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X SIGNATURE RE

3. Date Incorporated or Qualified  
03/29/1996

|               |  |                |
|---------------|--|----------------|
| 4. FEI Number |  | Applied For    |
| 65-0659826    |  | Not Applicable |

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

|  |                          |                                    |
|--|--------------------------|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|--|--------------------------|------------------------------------|

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

10. Name and Address of New Registered Agent

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 85 | Zip Code   |

|                            |    |                                 |
|----------------------------|----|---------------------------------|
| 12. OFFICERS AND DIRECTORS |    | <input type="checkbox"/> DELETE |
| TITLE                      | pn |                                 |

NAME CATA, JOSE  
STREET ADDRESS 4546 N.W. 7TH AVE.  
CITY - ST - ZIP MIAMI FL 33127

|                 |                    |                                 |
|-----------------|--------------------|---------------------------------|
| TITLE           | VD                 | <input type="checkbox"/> DELETE |
| NAME            | SUAREZ, PABLO E    |                                 |
| STREET ADDRESS  | 4546 N.W. 7TH AVE. |                                 |
| CITY - ST - ZIP | MIAMI FL 33127     |                                 |

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | SD                 | <input type="checkbox"/> DELETE |
| NAME           | GIL, TOMAS         |                                 |
| STREET ADDRESS | 4546 N.W. 7TH AVE. |                                 |
| CITY - ST. ZIP | MIAMI FL 33127     |                                 |

|                 |                   |                                 |
|-----------------|-------------------|---------------------------------|
| TITLE           | TD                | <input type="checkbox"/> DELETE |
| NAME            | SUAREZ, TONY      |                                 |
| STREET ADDRESS  | 4546 N.W.7TH AVE. |                                 |
| CITY - ST - ZIP | MIAMI FL 33127    |                                 |

| CITY           | ST | ZIP | DELET |
|----------------|----|-----|-------|
| TITLE          |    |     |       |
| NAME           |    |     |       |
| STREET ADDRESS |    |     |       |
| CITY           | ST | ZIP |       |

| CITY, ST, ZIP | TITLE | NAME | STREET ADDRESS | CITY, ST, ZIP | DELET |
|---------------|-------|------|----------------|---------------|-------|
|               |       |      |                |               |       |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this annual report or supplemental annual report is true and correct. I am an officer or director of the corporation or the receiver or trustee empowered to file this report. Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X SIGNATURE RE

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 as reported by me or an officer or director of the corporation or the receiver or trustee empowered to execute Block 12 or Block 13 if changed, or on an attachment with an address, and that my signature shall have the same legal effect as if made under oath; that I am an individual who has been convicted of a crime involving fraud or dishonesty as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: X JOSE CATA 1/21/98 (305) 754 9012

CFR2E034 (10/97)