FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
Apr 24 1997 8:00am
Secretary of State

DOCUMENT # P96000044851

1. Corporation Name

MAHOGANY OAK CORP.

Principal Place of Business	Mailing Address
1000 Ponce de Leon Blvd. Suite 318 A Coral Gables, Fl. 33134	c/o Ernesto Sanchez, P.A. 814 Ponce de Leon Blvd,505 Coral Gables, Fl. 33134

3. Date Incorporated or Qualified: 05/24/96
3a. Date of Last Report:

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

4. FEI Number: 65-0712254 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Ernesto Sanchez, P.A. 814 Ponce de Leon Blvd., Suite 505 Coral Gables, Fl. 33134	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P.S.	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Sanchez, Ernesto		12 NAME	
STREET ADDRESS	814 Ponce de Leon Blvd., 505		13 STREET ADDRESS	
CITY ST ZIP	Coral Gables, Fl. 33134		14 CITY-ST-ZIP	
TITLE	D.VP	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Perez, Javier		22 NAME	
STREET ADDRESS	37 Majorca, Apt. 304		23 STREET ADDRESS	
CITY ST ZIP	Coral Gables, Fl. 33134		24 CITY-ST-ZIP	
TITLE	D.VP	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	Perez, Carlos		32 NAME	
STREET ADDRESS	37 Majorca, Apt. 304		33 STREET ADDRESS	
CITY ST ZIP	Coral Gables, Fl. 33134		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	800002156588
STREET ADDRESS			63 STREET ADDRESS	-04/28/97--01082--002
CITY ST ZIP			64 CITY-ST-ZIP	***173.75

4/24

14. I do 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: Ernesto Sanchez 4/15/97 (305)441-2040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number