PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
May 07 1998 8:00am
Secretary of State

DOCUMENT # P96000048994

1. Corporation Name

Don Venture I, Inc.

Principal Place of Business: 2665 South Bayshore Drive, Suite 1100, Miami, Florida 33133

Mailing Address: same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/96

4. FEI Number: 65-0678382 — 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

2. Principal Place of Business	2a. Mailing Address
21 2665 S. Bayshore Dr.	26 same
Suite, Apt. #, etc. 22 Suite 1100	Suite, Apt. #, etc. 27
City & State 23 Miami, Florida	City & State 28
Zip 24 33133 — Country 25 U.S.A	Zip 29 — Country 30

9. Name and Address of Current Registered Agent

Juan T. O'Naghten
2665 South Bayshore Drive
Suite 1100
Miami, Florida 33133

10. Name and Address of New Registered Agent

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 ____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Rolando Delgado	1.2 NAME	
STREET ADDRESS	2665 S. Bayshore Dr. Ste 1100	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33133	1.4 CITY-ST-ZIP	
TITLE	S/T/D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Juan T. O'Naghten	2.2 NAME	
STREET ADDRESS	2665 S. Bayshore Dr. Ste 1100	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33133	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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
NAME		6.2 NAME	900002520409
STREET ADDRESS		6.3 STREET ADDRESS	-05/12/98--01055--025
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

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: ____ 4/28/98 (305)285-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #