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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

J,

NAME

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS City-St-ZIP

SIGNATURE.



FLORIDA DEPARTMENT OF STATE

FILED

May 04 1998 8:00am

Secretary of State

Change

4.21.98

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000052763 (5)

"D" PROFESSIONAL PACKING, CORP

5801 NW 72ND AVE 5601 NW 72ND AVE MIAMI FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0676732 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COLON, EDWIN 5601 NW 72ND AVE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33166** 83 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 both, in the Stato 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 appoint the obligations of. Section 607.0505, Florida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DPS DE LETE 1.1 TITLE Change ☐ Addition TITLE COLON, EDWIN NAME 1.2 NAME **56**01 NW 72ND AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33166 CITY+ST-7IP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE DVT 2.1 TITLE **ALVARADO**, JOSE A NAME 2.2 NAME 26860 SW 127TH AVE STREET ADDRESS 2.3 STREET ADDRESS **HOMESTEAD FL 33032** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition 5.1 TITLE

> 5.2 NAME 5.3 STREET ADDRESS

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

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 supplimental 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 of the receiver or thistee 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 of on a placement with an address.

DELETE

5.4 CITY - ST - ZIP