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

Q46872

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY 25 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000066650**

1. Corporation Name
MIAMI CENTRAL LOCKSMITH CO.

Principal Place of Business	Mailing Address
681 NW 102 CT. MIAMI FL 33172	681 NW 102 CT. MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 08/08/1996

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RAIMONT, WILLIAM
681 NW 102 CT.
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name: CLARA B. RAIMONT
82 Street Address (P.O. Box Number is Not Acceptable): 681 NW 102CT
83
84 City: MIAMI FL 85 Zip Code: 33172

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: X Clara Raimont (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4/16/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☒ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	RAIMONT, WILLIAM		1.2 NAME	PRESIDENT
STREET ADDRESS	681 NW 102 CT.		1.3 STREET ADDRESS	CLARA B. RAIMONT
CITY-ST-ZIP	MIAMI FL 33172		1.4 CITY-ST-ZIP	681 NW 102CT MIAMI, FL-33172
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			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	500002863005---6
STREET ADDRESS			4.3 STREET ADDRESS	-05/05/99--01002--026
CITY-ST-ZIP			4.4 CITY-ST-ZIP	****150.00 ****150.00
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	SP 5/25/99
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: X Clara Raimont — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/16/99 — Daytime Phone #