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PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

HORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 15 1997 8:00am

Secretary of State

DOCUMENT # P96000069068 (0)

BALDEON & BROTHER, INC.

Principal Place of Business Mailing Address 670 N.W. 34TH STREET 670 N.W. 34TH STREET MIAMI FL 33127-3342 MIAMI FL 33127 3. Date Incorporated or Qualified 3a. Date of Last Report 08/16/1996 2. Principal Place of Business Mailing Address 4 EELNumber Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes 25 29 Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name **BALDEON, RIGOBERTO** 670 N.W. 34TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33127 83 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 heard of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typod or printed name of required agent and title diapper and (NOTE: Registered Agent's gratum required when removating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 🔲 DELFTË TITLE ☐ Change Addition NAME BALDEON, RIGOBERTO 1.2 NAME **555 N.E. 128TH STREET** STREET ADDRESS 1.3 STREET ADDRESS NORTH MIAMI FL 33161 CITY-ST-ZIP 1.4 CHY+51 - ZIP DELLTE Change TITLE 2.1 TILLE Addition NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CHY - \$1 - ZII DELLIE TITLE ☐ Change Addition 3.1 Till E 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. City - \$1 - 7)P DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 CHY - ST- ZIP DELFTE Change Addition TITLE 5 1 THLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4.011Y+ST-ZIP 🔲 OTLETE TITLE 6.3 THUS Change Addition NAME G 2 NAMI STREET ADDRESS G3 STREET ADDRESS

6.4 CHY - S1 - ZIP

14. I do hereby certify that the information supplied with this fining 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 suppliemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or one of attachment with an address.