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

Mailing Address

9272 HARDING AVE SURFSIDE FL 33154

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

9272 HARDING AVE

SURFSIDE FL 33154

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADORESS

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000080450 (5)

MOBILE TRANQUILITY, INC.

3. Date Incorporated or Qualified 09/26/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0708407 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zıp Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 29 25 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CONTRERAS, GILBERT A ADORNO & ZEDER, P.A. Street Address (P.O. Box Number is Not Acceptable) 2665 SOUTH BAYSHORE DR. SUITE 1600 **MIAMI FL 33133** Zip Code 84 City 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 Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE TITLE 1.1 TITLE DIAZ, JORGE I NAME 9272 HARDING AVE 1.3 STREET ADDRESS STREET ADDRESS SURFSIDE FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change ___ Addition DELETE TITLE 2.1 TITLE CIROLO, STEWART NAME 2.2 NAME 9272 HARDING AVE STREET ADDRESS 2.3 STREET ADDRESS SURFSIDE FL 33154 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME

3.3 STREET ADDRESS

43 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

51 TITLE

52 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

DELETE

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

4-10-98

FILED

May 07 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

Change

Change

Change

Addition

Addition

Addition