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PROFIT CORPORATION ANNUAL REPORT

SIGNATURE.



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthant

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 05 1998 8:00am Secretary of State

1998 DOCUMENT # P97600047845 (4) P960004333 Dolan + Escalona, P.A. Principal Place of Business Mailing Address 2299 S.W 27 Avene same Suite 250 Miami, Fc 33145 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 2. Principal Place of Business 4. FEI Number 2s. Mailing Address Applied For 2780 S. Douglas Rd. 2780 S. Douglas Rd. Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State Miami 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 29 Yes Yes 25 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Escalora, Grace scalona Grace 2299 S.W. 27 Avr. Vouglas Rd. Suite 250 Hiami, FC 33145 Hiam 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 the subjections of Section 607.0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE VPI 5/ 🛭 Susan Dolan Arc, Se. 250 1.2 NAME NAME 2780 S. Douglas Rd., 5/e 2-07 Miami, FC 33133 1.3 STREET ADDRESS STREET ADDRESS Miami, FL 33145 1.4 CITY+ST-ZIP DELETE Change Addition 21 TITLE TITLE Grace Bralong s. Douglas Rd., St. 207 2299 S. W 27 Art, St. 250 STREET ADDRESS Miami, FC 3314S CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Addition 5 2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS ี 5 CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE 400002512254\*\*\*\* -05/06/98--01002--030 NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS \*\*\*150.00

14. I nereby certify that the information supplied with this filing does not qualify for the exemption used 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 of dustee 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 attackness with an address.

1500 Director 415198 130044-3553