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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000091770 (3)

COMFY SAILOR, INC.

FILED Jan 27 1998 8:00am Secretary of State

OOM I GALON, NO.			(TIL dir tio (direk divik douk) drok douk (rok)
Principal Place of Business	Mailing Address		* ************************************)]]
410 SE 5TH ST	410 SE 5TH ST			
HIALEAH FL 33010	HIALEAH FL 33010		DO NOT WRITE	IN THIS SPACE
			3. Date Incorporated or Qualified	
			11/07/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt. #, etc.	Suite, Apt. #, etc.		65-0710895	Not Applicable
22	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has pai	
24 25		10	Personal Property Tax due June	
9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	jistered Agent
BOLANOS, MICHAEL		81 Name		
410 SE 5TH ST		82 Street Addre	ess (P.O. Box Number is Not Acceptable	le)
HIALEAH FL 33010				·
		83		
		84 City		85 Zip Code
				FL
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of 	and 607.1508, Florida Statutes of Florida, Such change was au	 the above-named corporation 	oration submits this statement for the proof's board of directors. I hereby accep	rpose of changing its registered the appointment as registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat	lon e of Coction 607.05 05, Flori	da Statutes.	2110 Desire of an occurrent transport	t trio diplominarita in a constant
SIGNATURE	Michael Michael	Bolanos		
12. OEHCERS AND		Registered Agent signature require 13.	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	FRS AND DIRECTORS IN 12
TITLE D	DELETE	1,1 TITLE	ADDITIONO/OFFICIALIZED TO SELECT	Change Addition
NAME BOLANOS, MICHAEL	—	1,2 NAME		
STREET ADDRESS 410 SE 5TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP HIALEAH FL 33010		1.4 CiTY-ST-ZIP		
TITLE D	☐ DELETE	2.1 TITLE		Change Addition
NAME BOLANOS, MARTHA		2.2 NAME		
STREET ADDRESS 410 SE 5TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP HIALEAH FL 33010		2. 4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		į
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		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	PETER	4.4 CITY-ST-ZIP		Oberena Addition
TITLE	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		5.4 CITY-ST-ZIP		
IIILE				Addition Addition
A14147	DELETE	6.1 TITLE		Change Addition
NAME CONSTRUCTION	DELETE	6.1 TITLE 6.2 NAME		Lí Change L Addition
NAME STREET ADDRESS CITY-ST-ZIP	DELETE	6.1 TITLE		L <u>l</u> Change Ll Addition

4. I hereby certify that the information supplied with this filling 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 cath; 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 coran attachment with an address.

SIGNATURE: Marthul Holen 5

1/19/98 (305)633-1.660