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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State :
DIVISION OF CORPORATIONS

DOCUMENT # P96000098028 (9)

GEORGE CISTERNAS, INC.

Principal Place of Business Mailing Address 260 ATLANTIC GARDENS CIRCLE (#B) ATLANTIC BEACH FL 32233 260 ATLANTIC GARDENS CIRCLE B ATLANTIC BEACH FL 32233-3358 3. Date Incorporated or Qualified 3a. Date of Last Report 12/02/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 260 ATLANTIC GARAENS CIRCU Not Applicable Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired H Fee Required City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Žφ Country Country 8. This corporation has liability for intangible tax under s. 199.032, USA ø Yes No 24 Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CISTERNAS, GEORGE 260 ATLANTIC GARDENS CIRCLE #B 82 **ATLANTIC BEACH FL 32233** 83 #1 City 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 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. listernas SIGNATURE (NOT) Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE PRES TITLE ☐ Change Addition JORGE CISTERNAS NAME STREET ADDRESS 1.3 STREET ADDRESS 260 D ATLANTIC GARDENS CIRCLE CITY-ST-ZIP 1.4 CITY - \$1 - ZIP ATLANTIC BRACK FL 32233 DELETE Change Addition 2.1 TITLE 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-S1-7/P DELFTE Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CHY-ST-ZIP DELETE Addition TITLE Change 4.1 THLE d 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 5.1 TILLE 5.2 NAME STREET ADDRESS 5.9 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS STREET ADORESS CITY - ST - ZIP

14. I do 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 receivor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ordial test to CURIED

3/20/97

FILED

Apr 21 1997 8:00am

Secretary of State