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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P96000100287 (7)

3F HOLDINGS II, INC.

Principal Place of Business

CITY-ST-ZIP

Mailing Address

FILED May 15 1998 8:00am Secretary of State



520 BRICKELL KEY DRIVE STE 0-305 520 BRICKELL KEY DRIVE STE 0-305 MIAMI FL 33131 MIAMI FL 33131 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/12/1996 2. Principal Place of Business 2a, Mailing Address FEI Number Applied For XAPPLIED XEOR 65-0772197 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** FREEMAN, STEPHEN A 520 BRICKELL KEY DRIVE STE 0-305 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33131** 83 84 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 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 title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change Addition TITLE 1.1 TITLE PREEMAN, STEPHEN A 1.2 NAME NAME 520 BRICKELL KEY DRIVE STE 0-305 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition PD DELETE Change 2.1 TITLE TITLE AYZENSHTAT, EFIM NAME 2.2 NAME 520 BRICKELL KEY DR 305 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Addition 3.1 TITLE Change TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.5 TITLE Change Addition 4 2 NAME NAME STREET ADDRESS 4 3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 appear of the corporation of the corporat

6.4 CITY-ST-ZIP

CTIAG.

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