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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000008131

1. Corporation Name
LENOX Enterpeises INC.

Principal Place of Business
6135 NW 167 St. Ste. E-3
Miami, Fl. 33015

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
Jan 21, 1997

2. Principal Place of Business
21 10242 N.W. 47th St.
Suite, Apt. #, etc
22 Suite 33
City & State
23 Sunrise, Fl.
Zip 24 33351 Country 25 USA

2a. Mailing Address
26 SAME
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number
65-0727816
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
SALEH, Anis N
1SE 3 Ave Ste 2150
Miami, Fl. 33131 US

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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.

SIGNATURE _____ DATE
Signature, type or print name of Registered Agent, and if applicable, Title or Capacity (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Ramos, Raul A 6135 N.W. 167St Ste.E-3 Miami Fl. 33015 ☐ DELETE	1.1 TITLE D 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Ramos, Raul. ☒ Change ☐ Addition 10242 N.W 47th St Ste. 33 Sunrise, Fl. 33351
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Ramos, Tirso 6135 N.W 167St Ste E-3 Miami Fl. 33015 ☐ DELETE	2.1 TITLE D 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Ramos Tirso ☒ Change ☐ Addition 10242 N.W 47th St. Ste 33 Sunrise Fl. 33351
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Mayorca Dora 6135 N.W 167St. SteE-3 Miami, Fl 33015 ☐ DELETE	3.1 TITLE D 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Mayorca Dora ☐ Change ☐ Addition 10242 N.W. 47th St. Ste.33 Sunrise Fl. 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 100002525221 -05/15/98--01049--021 ***150.00

CR2E034 (10/97)

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: [signature] 04.22.98.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #