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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700008479 (2)

PYRAMID LEASING TWO, INC.

FILED May 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 9552 N.W. 38TH STREET 9552 N.W. 38TH STREET MIAMI FL 33178 MIAMI FL 33178 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/22/1997 2. Principal Place of Business 4. FEI Number 65-0737640 2a. Mailing Address Applied For 7840 NW 67 STREET 7840 NW 67 STREET Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees **Miami, Florida** Miami, Florida Country Country 8. This corporation owes or has paid the current year Intangible USA 33166 USA 24 33166 30 Yes 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 Name HOCKMAN, PETER M ESQ 633 NORTH KROME AVENUE Street Address (P.O. Box Number is Not Acceptable) HOMESTEAD FL 33030 83 Zip Code 11. Pursuant to the provisions of Soctions 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** Signature, typed or printed here: of registered agent and litte 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 BRYAN, JAMES A JR NAME 1.2 NAME Bryan, James A JR 9552 N.W. 38TH STREET STREET ADDRESS 1.3 STREET ADDRESS 7840 NW 67 STREET Miami, Florida 33166 CITY - ST - ZIP **MIAMI FL 33178** 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - 2IP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP Change DELETE 5.1 TITLE Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TIFLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 are opposition on the copy and on on the copy and on on 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

SIGNATURE: