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

PROFIT May 26 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham . . ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 P97000017001 (3) DOCUMENT # THE 770 CORPORATION Principal Place of Business Mailing Address 18800 N.W. 2ND AVE. 18800 N.W. 2ND AVE. SUITE 211G SUITE 211G MIAMI FL 33169 MIAMI FL 33169 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 02/21/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-073108 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 27 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 paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HORN HORN, HORN ツ ねんく 18800, N.W. 2ND AVE. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 211G 83 **MIAM! FL 33169** 84 Zip Code 33/69 Y/AM1 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSD TITLE DELETE Change Addition 1.1 DILE NAME HORN, MARK 1.2 NAME 18800 N.W. 2ND AVE. STREET ADDRESS 1.3 STREET ADDRESS AIAMI FL 33169 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition Kasimon, Steven NAME 2.2 NAME 18800 N.W. 2ND AVE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33169 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-ZIP DELETE TITLE ☐ Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 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.

FILED

(zav) 9 22-447)