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

FILED Apr 07 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra'B. Mortfiam Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 5006 BUILDING, INC. Principal Place of Business Mailing Address 2840 SW Third Ave MIAMI, FL 33129 2840 SW THIRD AVE MIAMI, FL 33129 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/15/97 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0743203 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees Ζiρ, Country Zip Country 8. This corporation owes or has paid the current year Inlangible Personal Property Tax due June 30. 42 Yes \(\sigma\) No Personal Property Tax due June 30. □ No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Scott, Charles R. Street Address (P.O. Box Number is Not Acceptable) 2840 SW Third Avenue 83 Miami, FL 33129 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 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 name of registered agent and title diapplicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Addition TITLE 117/118 ☐ Change Director 1.2 NAME Scott, Charles R. 2840 S.W. Third Avenue Miami, FL 33129 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14 O(TY - \$1 - ZIP DELETE ☐ Change Addition TITLE 21 THE 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 STRLET ADDRESS CITY-ST-ZIP 3.4. CHY: \$1-7IP DELETE TITLE 4111118 Change ☐ Addrtion 4.2 NAMI NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIF 4.4.0(1Y - ST - Z)P DELETE TITLE 5.1 TiTLE Change Addition STREET ADDRESS 5.3 STREET ADDRESS 5.4 CHY- \$1 - 2(f) CITY-ST-2IP DELETE 70000248200@

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 path, that I am an officer or director of the composition or the receiver or furstee empowered to execute finis report as required by Chapter 607. Florida Statutes; and that my name appears in

6.1 100.0

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE

TITLE

NAME

STREET ADDRESS

3/13/98

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