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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**19**98

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT # P97000027157 (1)

EDWARDS & EDWARDS, P.A., ATTORNEYS AT LAW

Principal Place of Business Mailing Address 444 BRICKELL AVENUE 444 BRICKELL AVENUE SUITE 340 **SUITE 340** DO NOT WRITE IN THIS SPACE MIAM! FL 33131 MIAMI FL 33131 3. Date incorporated or Qualified 03/21/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0739420 Not Applicable 21 26 Sulte, 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 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 Yes 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MORALES, RICARDO ESQ. 444 BRICKELL AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 340 83 **MIAMI FL 33131** 84 City Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statules, 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 if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 12. 13. Change Addition DELETE 1.1 TITLE TITLE (misspelled EDARDS, JEANETTE G EPWARDS NAME 1.2 NAME 444 BRICKELL AVENUE, SUITE 340 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP 1.4 CITY - ST- ZIP Change DELETE D V Addition TITLE 2.1 TITLE EDWARDS, MARK 144 Brickell Ave, Suite 340 NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS MIAMU FL 33131 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME

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.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

288dunnels

4/13/08 20-325-915

**FILED** 

Apr 17 1998 8:00am

Secretary of State