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PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

incipal Place of Business	Mailing Address
36\$ S.W. 110TH STREET	6365 S.W. 110TH STREET
NAM! FL 33158	Miami FL 33156

FILED May 07 1998 8:00am Secretary of State

1998 DOCUMENT # P97000031112 (0) GERALDO LEON INTERNACIONAL, INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/04/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0751481 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible ☐ 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 LEE, JERRY 6365 S.W. 110TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33156 B3** 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, typed or printed name of rejectored about find this if apolicable (NOTE Registered Agent a gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change TITLE DELETE 1.1 TITLE TERRY NAME 1.2 NAME LEE 110 TH STREET STREET ADDRESS 1.3 STREET ADORESS 6365 S. W. CITY-ST-ZIP 1.4 CITY - ST - ZIE DELETE Change Addition TITLE 21 TITLE 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Addition Change TITLE 3.1 TITLE STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - ST- ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

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 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 c

SIGNATURE:

CR2E034 (10/97