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

FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000033540

1. Corporation Name
Ildefonso Process Service Inc.

Principal Place of Business
6404 Windmill Gate Road.
Miami Lakes, FL
33014

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
April 14, 1997

2. Principal Place of Business
21 6404 Windmill Gate Road
Suite, Apt. #, etc.
22 —
City & State
23 Miami Lakes, FL
Zip 24 33014 Country 25 U.S.A.

2a. Mailing Address
26 6404 Windmill Gate Road
Suite, Apt. #, etc.
27 —
City & State
28 Miami Lakes, FL
Zip 29 33014 Country 30 U.S.A.

4. FEI Number
65-0783410
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Joseph Anthony Ildefonso Sr.
8841 NW 15 St.
Pembroke Pines, FL 33023

10. Name and Address of New Registered Agent
81 Name: Joseph Anthony Ildefonso, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 6404 Windmill Gate Road.
83
84 City: Miami Lakes, FL 85 Zip Code: 33014

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: Joseph Ildefonso Jr. 2-9-98
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☑ DELETE	11 TITLE	P	☑ Change ☐ Addition
NAME	Joseph Anthony Ildefonso Sr.		12 NAME	Joseph Anthony Ildefonso Jr.	
STREET ADDRESS	8841 NW 15 St.		13 STREET ADDRESS	6404 Windmill Gate Road.	
CITY-ST-ZIP	Pembroke Pines, FL 33014		14 CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE	V/T	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	Joseph Anthony Ildefonso		22 NAME		
STREET ADDRESS	6404 Windmill Gate Road		23 STREET ADDRESS		
CITY-ST-ZIP	Miami Lakes, FL 33014		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☑ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME	100002431441	
STREET ADDRESS			63 STREET ADDRESS	-02/16/98--01024--035	
CITY-ST-ZIP			64 CITY-ST-ZIP	***150.00	

10/2/12

CR2E034 (10/97)

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.

SIGNATURE: Joseph Ildefonso Jr. 2-9-98 (305) 699 0438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #