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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000033870

1. Corporation Name

NAME

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

102 OFFICE BUILDING, INC.

Principal Place of Business Mailing Address 102 EAST 49TH STREET 102 EAST 49TH STREET HIALEAH FL 33013 HIALEAH FL 33013 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/15/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0756929 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Country Zip 8. This corporation owes the current year Intangible Yes □No 30 Personal Property Tax. 25 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name IZQUIERDO. ALEXIS 82 Street Address (P.O. Box Number is Not Acceptable) 102 EAST 49TH STREET HIALEAH FL 33013 83 84 Zip Code City 85 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 if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE ☐ Change 1.1 TITLE TITLE IZQUIERDO, ALEXIS NAME 1.2 NAME 102 EAST 49TH STREET 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33013 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ DELETE 2.1 TITLE ☐ Addition TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE ☐ Change TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TILE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE ☐ Change 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Addition TITLE

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 a attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90015 024 ***150.00

Irguierdo 1-13-99 (305)826-9994

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