FILED FILE NOW: FILING FEE AFTER MAY 1ST IS: 0.00 Jul 02 1998 8:00am FLORIDA DEPARTME F STATE CORPORATION Sandra B. Mc Secretary of State ANNUAL REPORT Secretary of DIVISION OF CORP TIONS 1**9**98 DOCUMENT # P97000038279 (0) KING OF CLUBS EAST, INC. Principal Place of Business Mailing Address 3246 NW 105TH AVENUE 3246 NW 105TH AVENUE SUNRISE FL 33351 SUNRISE FL 33351 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/29/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 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 Trust Fund Contribution 23 28 Added to Fees Zip Country Zin Co ntry 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes □ No 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name HOWARD, RICARDO 3246 NW 105TH AVENUE Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33351 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 profed name of registered agent and title if applicable (NCTL: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 TITLE TITLE **HOWARD, RICARDO** NAME 1.2 NAME CR2E034 3246 NW 105TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS SUNRISE FL 33351 CITY-ST-ZIP 14 CITY-ST-ZIP DELFTE Change Addition 2.1 Tifle TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 0 Y-ST-ZiP CITY-ST-ZIP DELETE Addition TITLE 3.1 T Change 32 N ET ADDRESS STREET ADDRESS CITY-ST-ZIP S1-ZIP DELETE ☐ Change Addition TITLE 4.17 STREET ADDRESS T ADDRESS ST-21P CITY-ST-ZIP Addition DELETE Change 511 TITLE NAME ADDRESS STREET ADDRESS 5.3 \$ T- 21P CITY-ST-ZIP 5.4 C Change Addition DELETE 6.1 1 NAME 6.2 N STREET ADDRESS ADDRESS

on stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information transfer my signature shall have the same legal effect as if made under oath; that I am an eport as required by Chapter 607, Florida Statutes; and that my name appears in

5/29/98

CITY-ST-ZIP

SIGNATURE:

14. I hereby certify that the information supplied with this filing does not qualify for the exindicated on this annual report or supplemental annual report is true and accurate an officer or director of the corporation or the receiver or trustee empowered to execute the corporation or the receiver or trustee empowered to execute the corporation or the receiver or trustee empowered to execute the corporation or the receiver or trustee empowered to execute the corporation or the receiver or trustee empowered to execute the corporation or the receiver or trustee empowered to execute the corporation or the receiver or trustee empowered to execute the corporation or the receiver or trustee.

Block 12 or Block 13 if changed, or on an attachment with an address.