

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000045895 (4)

1. Corporation Name

EVOCATION, INC.

Principal Place of Business

Mailing Address

14524 SW 143 PLACE  
MIAMI FL 33186

14524 SW 143 PLACE  
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1997

4. FEI Number

65-0757460

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

2. Principal Place of Business

2a. Mailing Address

21 14433 COUNTRY WALK DRIVE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MIAMI, FLORIDA

28

Zip

Country

Zip

Country

24 33186

25 U.S.A.

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEREZ, JUAN ONEL  
14524 SW 143 PLACE  
MIAMI FL 33186

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 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 DP  
NAME PEREZ, JUAN ONEL  
STREET ADDRESS 14524 SW 143 PLACE  
CITY-ST-ZIP MIAMI FL 33186

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DV  
NAME LINDARTE, OLGA MARIELA  
STREET ADDRESS 14524 SW 143 PLACE  
CITY-ST-ZIP MIAMI FL 33186

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DS  
NAME TELLEZ, LIGIA  
STREET ADDRESS 14524 SW 143 PLACE  
CITY-ST-ZIP MIAMI FL 33186

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

DS  
LINDARTE CLAUDIA ELENA  
14524 S.W. 143 PLACE  
MIAMI, FL. 33186

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 in an attachment with an address.

SIGNATURE:

Juan Onel Perez

APRIL 26, 1998 (305) 278 7746

CP2E034 (10/97)