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

**FILED** Jun 26 1998 8:00am PROFIT FLORIDA DEPARTMENT QUISTATE CORPORATION Sandra B. Mortharit. Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS **19**98 DOCUMENT # P97000046488 (7) DYNAMIC FENCE CORP. Principal Place of Business Mailing Address 1840 W 62 ST 1840 W 62 ST **SUITE #103** SUITE #103 DO NOT WRITE IN THIS SPACE HIALEAH FL 33012 HIALEAH FL 33012 3. Date Incorporated or Qualified 05/27/1997 2. Principal Place of Business Mailing Address Applied For Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired City & State AS Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intaggible Yes Personal Properly Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CASTRO, DANIA 1840 W 62 ST 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE #103** 83 HIALEAH FL 33012 84 Zip Code City 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typod or purified name of region red agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE CASTRO, DANIA NAME 1.2 NAME 1840 W 62 ST SUITE 103 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE NAME 22 NAME STREET ANDRESS 2.3 STREET ADDRESS 2. 4 Cily-\$1-ZiP CITY-SI-ZIP DELFTE Addition Change 3.1 11111 TITLE NAME 3.2 NAMI 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DETETE Сһалде Addition TITLE 4.1 111116 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP DELETE Addition 5.1 HILE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6 1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS \*\*\*150.00 STREET ADDRESS

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 of supprepried 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 directed of the corporations in the receiver or trusted empowered to execute this report as required by Chapter 607, Toriga Statutes; and that my name appears in Block 13 of chapter 607 an attackment with an address.