FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P97000054085 (0) DOCUMENT # CONDO LIMO 1997, INC. Mailing Address Principal Place of Business 3180 S. OCEAN DRIVE #803 3180 S. OCEAN DRIVE #803 HALANDALE FL 33009 HALANDALE FL 33009 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/18/1997 2a. Mailing Address 2. Principal Place of Business Applied For 65-0764978 SOO N.DIXIE Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution $Z_{\rm ID}$ Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LACHANCE, DENNIS A 3180 S. OCEAN DRIVE #803 82 Street Address (P.O. Box Number is Not Acceptable) HALÁNDALE FL 33009 83 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. 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 pointed name of registered agent and the if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition DELETE Change TITLE 1.1 TITLE NAME LACHANCE, DENIS A 1.2 NAME 3180 S. OCEAN DRIVE #803 STREET ADDRESS 1.3 STREET ADDRESS HALANDALE FL 33009 14 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE CEPEROV, IVAN 2.2 NAME NAME 55 S.E. 12TH STREET 2.3 STREET ADDRESS STREET ADDRESS DANIA FL 33004 CITY-ST-ZIP 2. 4 CITY - \$1 - 2IP DELETE Change Addition TITLE 31 TIME NAME 3.2 NAMÉ

6.4 CITY-ST-ZIP

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 anguest eport 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 trust-or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or ordina attachment with an address.

3.3 STREET ADDRESS 3.4. City-St-Zip

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.1 TITLE

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

CICMATURE

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE NAME

TITLE

NAME

aclar - Box dout

DELETE

DELETE

DELETE

2-5-98 954-976-62

Change

Change

Change

Addition

☐ Addition

Addition