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DIVISION OF CORPORATIONS

1. Corporation Name

Principal Place of Business

Mailing Address

6449 SW 34TH STREET
MIAMI FL 33155

6449 SW 84TH STREET
MIAMI FL 33156

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable 9470 SW 77 AVE		3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. PO BOX 0152		4. Date Incorporated or Qualified To Do Business in Florida 06/24/1997	
Suite, Apt. #, etc. 0-1		City & State MIAMI, FL		5. FEI Number 650768397	
City & State MIAMI, FL		City & State MIAMI, FL		Applied For Not Applicable	
Zip 33156	Country USA	Zip 33245	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status <small>Business Corporation Act of 1987, Chapter 607, Florida Statutes</small>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
D	RODRIGUEZ, JOSE A	6449 SW 34TH STREET 9470 SW 77 AVE #01	MIAMI FL 33155 MIAMI, FL. 33156
			700002709617--4 -12/11/98--01002--015 ***150.00 ***150.00
		B. 12/9/98 AR	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
RODRIGUEZ, JOSE A 149 SW 34TH STREET MIAMI FL 33155	Name <u>#0-1 Jose A Rodriguez</u> Street Address (P.O. Box Number is Not Acceptable) <u>9470 SW 77 Ave</u> Suite, Apt. #, Etc. <u>#0-1</u>
<u>MIAMI FL 33245</u> <u>33156</u>	City <u>Mia</u> State <u>FL</u> Zip Code <u>33156</u>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

FIGURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/15/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/98 305-729-6100
Date Daytime Phone #

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Wuajiro Realty
Jose A. Rodriguez, GRI
P.O. Box 0152
Miami, Fl. 33245

Fla. Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Fl. 32314-6327

RE: Annual Report

November 17, 1998

Dear Sirs,

My office has never received any documents concerning the application for annual report. We have recently moved our offices however, we left a forwarding address so we could continue to receive our mail. Enclosed please find a business card with our new office information, a check in the amount of \$150.00 and the application for annual report. If you have any questions please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rodriguez", written over the printed name.

Jose A. Rodriguez, GRI