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

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Jul 23 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Şandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000056724 (2) FALCON-LAZO & ASSOCIATES, INC. Mailing Address Principal Place of Business 1400 CHARLES STREET 1400 CHARLES STREET SUITE PH 16 SUITE PH 16 PEMBROKE PINES FL 33026 DO NOT WRITE IN THIS SPACE PEMBROKE PINES FL 33026 3. Date Incorporated or Qualified 06/27/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1400 1400 St. Charles Place 650838635 21 Not Applicable \$8.75 Additional Suite, Apt. # 5. Certificate of Status Desired 22 Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FALCON-LAZO, RAMON ENRIQUE 81 Name 1400 CHARLES STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUITE PH 16 83 PEMBROKE PINES FL 33026 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, 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 607.05.05, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typeof or protect name of registerio agent and the if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE FALCON-LAZO. RAMON ENRIQUE NAME 1.2 NAME CR2E034 1400 CHARLES ST, PH 16 STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 33026 1.4 CITY - S1 - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE FALCON-LAZO, VINCENTE RAMON NAME 2.2 NAME 1400 CHAPLES ST, PH 16 STREET ADDRESS 2.3 STREET ADDRESS PEMBROKE PINES FL 33026 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - 7IP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition 61 TITLE TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an rystoc empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with his fill indicated on this annual report or supplemental an ural officer or director of the corporation or the recover or tree.

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