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

FILED **PROFIT** Mar 13 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATION 1998 P97000058356 DOCUMENT # COUNTY TRAFFIC PROGRAMS, INC. Principal Place of Business Mailing Address 1470 NW 32ND AVENUE 1470 NW 32ND AVENUE MIAMI FL 33125 MIAMI FL 33125 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/02/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ARENAS, ROGELIO 1470 NW 32ND AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33125 83 84 City Zip Code 85 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 registured agent and title if applicable. (NOTE: Registored Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change ☐ Addition 1.1 TITLE TITLE DE LA CAMPA, ERNESTO A 1.2 NAME NAME **3121 NW 17TH STREET** 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33125** CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Change DELETE Addition SD 2.1 TITLE TITLE ARENAS, ROGELIO 2.2 NAME STREET ADDRESS **637 MALAGA AVENUE** 2.3 STREET ADDRESS CORAL GABLES FL 33134 2 4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE 3.1 TITLE ☐ Change TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 00000245746U -03/16/98--01005--012 DELETE Addition 51 TITLE TITLE 5.2 NAME STREET ADDRESS **5 3 STREET ADDRESS** ***150.00 5.4 CITY - ST - 7IP CITY-ST-ZIP Addition TITLE ☐ DELETE 6.1 TITLE 6.2 NAME NAME

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 on an attachment with an address. KOGELSO ARENAS

STREET ADDRESS

CITY-ST-ZIF

6.3 STREET ADDRESS

6.4 City - ST - ZIP