FILE NOW: FILING FEE AFTER MAY 1ST IS	\$ \$550.00,
PROFIT FLORIDA DEPART CORPORATION Sandra B.	· ·
ANNUAL REPORT Secretary 1998 DIVISION OF CO	The state of the s
DOCUMENT # P9700059617	98 DEC -4 PM 4: 34
MATTHEWS & ROZON'S. I	SECRETARY OF STATE TALLAHASSEE, FLORIDA
MAI HE WO S TALLAHASSEE, FLURIUA	
2073 5 - 57 Oct 2073 . Sw . 57 Cont.	
Miami F.L. 33155 Mion, F.L.	33155 DO NOT WRITE IN THIS SPACE
•	3. Date Incorporated or Qualified
Principal Place of Business 2a. Mailing Address	4. FEI Number Applied For
25	Not Applicable 5. Certificate of Status Desired \$8.75 Additional
22	Fee Required 6. Election Campaign Financing \$5.00 May Be
23	Trust Fund Contribution Added to Fees Country 8, This corporation owes or has paid the current year intangible
24 25 29 3 9. Name and Address of Current Registered Agent	The contract of the contract o
Rande Diaz. Tr	81 Name
2073 S.W. 57	82 Street Address (P.O. Box Number is Not Acceptable)
Miam, FL. 33155	83
1100 17(1 1) 1-1 33 33	84 City FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its 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 lagillar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE 77. L	
12. OFFICERS AND DIRECTORS	Regisfisted Agrict stgnalure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
HANGE ROSIDATE DELETE	1.1 ITTLE 400002703404 E
STREET ADDRESS 2073 50 57 COURT	13 STREET ADDRESS #***150, 00 ****150, 00
THE MIAM, F.L. 33185	1.4 CITY-ST-ZIP
NAME	2 NAME
STREET ADDRESS CITY-ST-ZIF	2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP
TITLE DELETE	3 1 TITLE Change Addition
STIFFET AGUFESS	3 3 STREET ADDRESS
CITY-ST ZAP	3.4. CITY-ST-ZIP 4 TITLE
NAJE	4 2 NAME 4.3 STREET ADDRESS
SINTET ADDRESS CITY-SI- ZIP	4.4 CITY - ST - ZIP
TITLE DELETE	51 TILE Change Li Addition
SIREET ADDRESS ,	5 3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY - ST - ZIP 6.1 TITLE Change Addition
NAME STREET ADDRESS	62 NAME 63 STREET ADDRESS TO US ON 15 /1/6 PM
CITY-ST-ZIP	64 CITY-ST-ZIP 20 10 11 C 12 4 198 41 C
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 13 if chapter 607 are participated by an additional property with an addition	
SIGNATURE: Date OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date	

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DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

PER INSTRUCTIONS FROM THE DIVISION OF CORPORATIONS, I AM ATTACHING A CHECK IN THE AMOUNT OF \$150.00 FOR THE ANNUAL REPORT FEE WITH MY APPLICATION.

I ALSO STATE I HAVE NOT RECEIVED ANY NOTICE FROM THE DIVISION OF CORPORATION IN RESPECT WITH MY CORPORATION

MATTHEWS & ROZON'S INC.

DOC.# P97000059617

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER

x Thy RANDY DIAZ JR.