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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000061362 (4)

FILED May 12 1998 8:00am Secretary of State

WERKZ MEN INC. Principal Place of Business Mailing Address 15861 NE 14TH COURT 15861 NE 14TH COURT MIAM! FL 33162 MIAMI FL 33162 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/14/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 21 Not Applicable 65-0769057 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional XX 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 24 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 **DUFFUS. OLUALI B** 15861 NE 14TH COURT 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33162 83 84 City Zip Code 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 Blorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familial with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition h 1.1 TITLE DUFFUS, OLUALI B NAME 1.2 NAME 15861 NE 14TH COURT STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33162** 1.4 CITY-ST-ZIP XX DELETE TITLE D 2.1 TITLE Change Addition CASIMIR, ANDY NAME 2.2 NAME **15861 NE 14TH COURT** STREET ADDRESS 2.3 STREE1 ADORESS **MIAMI FL 33162** CITY-ST-ZIP 2.4 CITY - ST-ZIP TITLE DELETE ___ Addition 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4 1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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.

SIGNATURE:

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