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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700063268 (1)

EXCLUSIVE MANAGEMENT ASSOCIATES, INC.

FILED
May 08 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address 15385 S.W. 76 TERRACE #105 15385 S.W. 76 TERRACE #105 MIAMI FL 33193 MIAMI FL 33183 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/22/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0770639 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name R1 DE LA CRUZ, MANUEL JR 15385 S.W. 76 TERRACE #105 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33193 83 84 City Zip Code 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 13. DELETE Change Addition 1.1 TITLE TITLE DE LA CRUZ, MANUEL JR NAME 1.2 NAME 15385 S.W. 76 TERRACE #105 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33193** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Addition 2.1 TITLE TITLE NAME DE LA CRUZ, CLAUDIO H 2.2 NAME STREET ADDRESS **13330 SW 26 TERRACE** 2.3 STREET ADDRESS **MIAMI FL 33175** CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Addition 3.1 TITLE ☐ Change TATLE SURIA, ANGEL NAME 3.2 NAME 10967 SW 6 STREET #B STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 33174 CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETÉ Change Addition 41 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ■ Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

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 on the receiver or trustoe 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.

SIGNATURE:

2-1-98

(305)752-9731