FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1**9**98 98 JUN 15 AM 10: 52 P97000071776 (3) DOCUMENT # SECRETARY OF STATE ALLAHASSEE, FLORIDA CENETOOMP & COMPANY CORP. Principal Place of Business Mailing Address 7925 NW 12TH 8TREET 7925 NW 12TH STREET STE 324 STE 324 DO NOT WRITE IN THIS SPACE MIAMI FL 33126 MIAMI FL 33126 3. Date Incorporated or Qualified 08/19/1997 2a. Mailing Address 2. Principal Place of Business Applied For 077612 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country Zφ Country 8. This corporation owes or has paid the current year Intaggible Yes 24 25 30 Personal Property Tax due June 30. 29 Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 ALV**ÁR**ADO C., TONY E 7925 NW 12TH STREET Street Address (PIO, Box Number is Not Accept 82 STE 324 83 **MIAMI FL 33126** 84 City 11. Pursuant to the pro sions of Sections 607.0502 08, Floydia Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered inge was authorized by the corporation's board of directors. I hereby accept the appointme 7.0505, Florida statutes. agent. I am familia SIGNATURE (NOTE: Beniste d Agent signature required when reinstating) RS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 2000025666 12 017 DEL ETE 1.1 TITLE TITLE PACHECO S., JÚLIO C 1.2 NAME NAME 7925 NW 12TH ST STE 324 ****150.00 STREET ADDRESS 1.3 STREET ADDRESS ****150.00 MIAMI FL 33126 CITY-ST-ZIP 1.4 CITY-ST-ZIP S\D DELETE Change Addition TITLE 2.1 TITLE ALVARADO C., TONY E NAME 2.2 NAME 7925 NW 12TH ST STE 324 STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33126** 2.4 CITY-ST-ZIP CITY Vice-Hesident DELETE Addition 3.1 TITLE ☐ Change ronio Edenio alvanado NAME 3.2 NAME STICET STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change DELETE Addition TITLE 4.1 THEE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change 61 TITLE Addition TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

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 he informationated 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 eath. That I am a 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 charged, or on an attachment with an address.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

CR2E034





annual Reports tilings
Division of Corporations
PO Box 1500 6327
Ralla hassee, F1 32302-1500
32314

these report was sent twice? for some reason came back to we...