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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000072952 (9)

LANIXEN DEVELOPMENT CORPORATION

Mailing Address

FILED Feb 11 1998 8:00am Secretary of State



Principal Place of Business 5805 WEST 15TH COURT 5805 WEST 15TH COURT HIALEAH FL 33012 HIALEAH FL 33012 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/22/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State Cily & State \$5.00 May Be 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 23 28 Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name ALFONSO, LAZARO 5805 WEST 15TH COURT 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33012 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 part of florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam family and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE dinarise of requisiered agent and tilk if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change TITLE ALFONSO, LAZARO 1.2 NAME NAME 5805 WEST 15TH COURT 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33012 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE ALFONSO, GRISEL 2.2 NAME NAME 5805 WEST 15TH COURT 2.3 STREET ADDRESS STREET ADORESS HIALEAH FL 33012 2 4 CITY-ST-ZIP CITY - ST - ZIP Change · Addition DELETÉ 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4 CITY-ST-ZIP CITY-ST-ZIP ___ Addition Change TITLE DELETE 4.1 TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DLLETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ■ Addition 61 I/I/F TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 13 if changed, or or any administration with an address.

SIGNATURE:

2-5-98