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

PROFIT

SIGNATURE:

FILED CORPORATION Sandra B. Morthem 💌 ANNUAL REPORT Secretary of State Oct 20 1998 8:00 am 1998 DIVISION OF CORPORATIONS Secretary of State DOCUMENT # P97000074538 (4) CAL-DE-VILLA AND ASSOCIATES, INC. Principal Place of Business Mailing Address 20201 SW 92ND AVE 20201 SW 92ND AVE MIAMI FL 33189 MIAMI FL 33189 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/27/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 20201 S.W. 92 AVE 20201 S.W. 92 AVE 65-08652 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 MIAMI MAIM Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year intangible 2933189 ☐ Yes DADE DADE 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CALDEVILLA, ALEJANDRO 20201 SW 92ND AVE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33189 83 84 Cltv 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. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. gedture, typed or priget ALETANDRO J. CALDEVILLA SIGNATURE / (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE ☐ Change ☐ Addition CALDEVILLA, ALEJANDRO NAME 1.2 NAME 300002671383-20201 SW 92ND AVE STREET ADDRESS 1,3 STREET ADDRESS -10/23/98--01074--020 ****558 75 Change Addition **MIAMI FL 33189** City-ST-ZIP 1.4 CITY - ST - 7/P DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE Change ___ Addition 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP City-St-ZiP DELETE Change Addition TITLE & 4.1 TITLE NAME 4. 2 NAME STREET ADJRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TOTLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change ___ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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. A 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 indicated or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes all block 12 or Block 13 if changed, or on an attachment with an address. certify that the information

ANDRO J. CALDEVILLA

FLORIDA DEPARTMENT OF STATE