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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P97000081912 (2)

Principal Place of Business Mailing Address 237 SOUTH VOLUSIA AVE. 237 SOUTH VOLUSIA AVE. ARCADIA FL 33821 34244 ARCADIA FL 33821 34266

FILED May 22 1998 8:00am Secretary of State

WAUCHULA MEXICANA, INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/18/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 26 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CENDEJAS CASTRO, MARIA E 237 SOUTH VOLUSIA AVE. 82 Street Address (P.O. Box Number is Not Acceptable) ARCADIA FL 33821 83 84 City Zip Code **6**5 11. Pursuant to the provisions of Sections 607.050? 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (10/97) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE CASTRO, JOSE A 1.2 NAME NAME CR2E034 237 SOUTH VOLUSIA AVE. STREET ADDRESS 1.3 STREET ADDRESS ARCADIA FL 33821 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE Change TITLE MARIA CALTRO NAME 22 NAME 2.3 STREET ADDRESS AZZ7 S. VOLUSIA STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 suppliemental 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 an attachment with an address.

CIGNATURE: