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

PROFIT CORPORATION ANNUAL REPORT



Secretary of State

FILED Feb 26, 1999 8:00 am FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS 02-26-1999 90065 047 ***150.00 1999 DOCUMENT # P9700084309 1. Corporation Name 131 CORP. Principal Place of Business Mailing Address 6810 SW 65TH ST 2201 N.W. 79TH AVE. MIAMI FL 33122 MIAMI FL 33143 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/29/1997 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business applied for Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Country This corporation owes the current year Intangible Zip Country Personal Property Tax. ☐ Yes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 VICTORIA, FRANCISCO 82 Street Address (P.O. Box Number is Not Acceptable) 6810 SW 65TH ST **MIAMI FL 33143** 83 Zip Code 84 City 85 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 Addition DELETE 1.1 TITLE ☐ Change TITLE VICTORIA, FRANCISCO 12 NAME NAME 1.3 STREET ADDRESS 6810 SW 65TH ST STREET ADDRESS MIAMI FL 33143 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 2.1 TITLE TITLE BOORD, LEONARD 2.2 NAME NAME 7850 SW 68TH TERR. 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33143 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE 3.1 TITLE HASSAN, JOHN 32 NAME NAME 10401 SW 91\$T AVE 3.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33176** 3.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS 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 or life receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ot with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 640 - 1503 Daytime Phone #

CR2E034 (11/98