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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT** #

Principal Place of Business

MIAMI FL 33131-2398

Suite, Apt. #, etc.

City & State

41ST FLOOR

21

22

23

24

200 SOUTH BISCAYNE BLVD.

2. Principal Place of Business

P97000086430 (0)

Mailing Address

41ST FLOOR

MIAMI FL 33131-2398

Suite, Apt. #, etc

2a. Mailing Address

City & State

28

29

9. Name and Address of Current Registered Agent

200 SOUTH BISCAYNE BLVD.

Joseph P. Klock, Jr., P.A.

25

KLOCK, JOSEPH P JR. 200 SOUTH BISCAYNE BLVD.

41ST FLOOR MIAMI FL 33131-2398 Feb 27 1998 8:00am Secretary of State

FILED

		1 111 1111 1 11	
	DO NOT WRIT	E IN THIS	SPACE
3.	Date Incorporated or Qualified 10/06/1997		
4.	FEI Number 65-0786961		Applied For Not Applicable
5.	Certificate of Status Desired		\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
_	This corneration awas as has paid the gurrent year Intensible		

Personal Property Tax due June 30.

Street Address (P.O. Box Number is Not Acceptable)

10. Name and Address of New Registered Agent

Yes

□ Ño

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.

Country

В1 Name

SIGNATURE Signature, typed or printed name of requirered about and title if apply ablu (NOTE Rugistered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ... Change KLOCK, JOSEPH P JR. NAME 1.2 NAME 200 SOUTH BISCAYNE BLVD. 41ST FLOOR STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33131-2398 CITY-ST-ZIP 1.4 CITY - ST - ZIP Change DELETE TITLE 2.1 DILE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-\$T-ZIP DELETE ☐ Change TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREFT ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 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 the information indicated on this annual report or supplemental arrhuel 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 enciver or trusten 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 or an attachment with a fladdress.

CICNATURE.

Pers. Lt

2/1/18

(36) 577-4776