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

FILED May 19 1998 8:00am **PROFIT** It ORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P97000087870 (6) DOCUMENT # LILY OF THE VALLEY INC. Principal Place of Business Mailing Address 4382 SW 74 AVE 4382 SW 74 AVE MIAMI FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/10/1997 2. Principal Place of Business 4384 S.W. 74th AVE Applied For Mailing Address 591821 65-0807538 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be MIAMI, FL. 33159-1821 MIAMI, FL 23 Trust Fund Contribution Added to Fees Country
U.S.A. Country 8. This corporation owes or has paid the current year Intangible U.S.A. 33159-1821 33155 Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GAVITO, MARIA J 6016 SW 14 STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33144 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of species 607,6506, Florida Statubs. APRIL 16th, 1998 MARIA J. GAVITO Signature, typicd or pointed name of resister Agent signature required when revistating) 12. OFFICERS AND 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PRESIDENT DELETE Change Addition TITLE 1 1 TITLE MARIA J. GAVINO NAME 1.2 NAME STREET ADDRESS 6016 S.W. 14th ST. 1.3 STREET ADDRESS WEST MIAMI, FL. 33144 CITY-ST-ZIP 1.4 C(1Y - ST - Z)P DELETE Change ☐ Addition 2.1 T(TLE TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 City-St-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETO Change Addition TITLE 61 TITLE NAME 6.2 NAME

SIGNATURE, MARIA J. GAVITO

STREET ADDRESS

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 suppliendral 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 on an attachment with an address

6.3 STREET ADDRESS

6.4 C/TY-S1 - 7/P

APRIL 16th, 1998