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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham ,

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P9700088351 (6)

FILED Mar 27 1998 8:00am Secretary of State

AWNING CENTER, CORP. Principal Place of Business Mailing Address 13899 SW 142 AVENUE 13899 SW 142 AVENUE MIAMI FL 33183 MIAMI FL 33183 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/01/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0778718 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 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** RODRIGUEZ, ALEJANDRO 10000 NW 80 COURT 82 Street Address (P.O. Box Number is Not Acceptable) **APT 2322** 83 HIALEAH GARDENS FL 33016 84 City Zip Code 65 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** Signature, typed or printed hance of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ANDRO Rodnoquez 1.1 TITLE EstebAN ROMAN Change TITLE dent (10000 NW 80cT #2322 Hialcah SNS FL 33016 NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP Change CITY-ST-ZIP ■ Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAM STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETÉ Change __ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Addition Change 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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. 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 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 changes, or on an attachment with an address.

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