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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY - ST - ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700089159 (2)

COSTA & ASSOCIATES, INC.

218 SHORE DRIVE SOUTH 218 SHORE DRIVE SOUTH **MIAMI FL 33133** MIAMI FL 33133 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/16/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-078 9011 Not Applicable 26 Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ₩o. 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PORTUONDO, BERNARDO A 2300 MIAMI CENTER 82 Street Address (P.O. Box Number is Not Acceptable) 201 S BISCAYNE BLVD 83 MIAMI FL 33131-4329 84 85 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. 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 regeriero-Lagent and title diapplicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE Change \_\_\_ Addition DPS 1.1 TITLE TITLE **COSTA. JORGE** NAME 1.2 NAME 218 SHORE DRIVE SOUTH 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33133** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 THILE Change Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 T(TLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

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3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

4.4 CITY - ST- ZIP

3.4. CITY-\$1-ZIP

FILED
May 20 1998 8:00am
Secretary of State



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 annual report is true and accurate and that physignature 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 employeered 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 on an attachment with an address

Change

Change

Change

Addition

Addition

☐ Addition

CR2E034 (10/9)