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

CITY-ST-ZIP

**FILED PROFIT** May 19 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **19**98 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name P97000089297 (0) OTC SERVICES CORP. Principal Place of Business Mailing Address 1100 SW 101 AVENUE 1100 SW 101 AVENUE **MIAMI FL 33174** MIAMI FL 33174 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 10/16/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0787812 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Addition X 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zic Country  $Z_{\rm ID}$ Country 8. This corporation owes or has paid the current year Intangible 24 X No 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JESUS GODINEZ, MIGUEL DE 1100 SW 101 AVENUE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33174** 83 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. Miguel de Jesus Godinez, President April 29, 1998
Signature, typed or penied name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalino) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE DELETE ☐ Change ☐ Addition 1.1 TITLE NAME JESUS GODINEZ, MIGUEL DE 1.2 NAME 1100 SW 101 AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIAM! FL 33174 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. City - \$1 - ZiP DELETE TITLE 4.1 THILE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-ST-ZIP DELETE TITLE Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 changed, or on an attachment with an address.

Anril 20 1008 (205)222-16