FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 17, 1999 8:00 am **PROFIT** FLORIDA DEPARTMENT OF STATE Secretary of State CORPORATION Kathering Harris ANNUAL REPORT Secretary of State 05-17-1999 90020 002 ***150.00 **DIVISION OF CORPORATIONS** 1999 DOCUMENT # Corporation Name Jeffrey Exposite, P.A. 553085 - 90020 - 2 Principal Place of Business 300-714. Street DO NOT WRITE IN THIS SPACE MIAMI BEACH, FL 33141 3. Date Incorporated or Qualifed 4. FEI Number Applied For Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust_Fund_Contribution__ _ Country 8. This corporation owes the current year Intangible 30 Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 threy Exposito Street Address (P.O. Box Number is Not Acceptable) 83 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of direct agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. statement for the purpose of changing its registered s. I hereby accept the appointment as registered SIGNATURE CR2E034 (11/98) ANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE #527 MIAMI BEAGHFL 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change 21 TITLE 2.2 NAME 23 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE 3.3 STREET ADORESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADORESS 64 CITY-ST-ZIP 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 fait 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, with all other like ampowered.

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TITLE

NAME

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TITLE NAME

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SIGNATURE: