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

PROFIT CORPORATION ANNUAL REPORT

1998

MIAMI LAKES FL 33016



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000092663 (8)

FLORIDA MANAGEMENT CENTER CO. Mailing Address Principal Place of Business 15120 DUBARTON PLACE 15120 DUBARTON PLACE MIAMI LAKES FL 33016 MIAMI LAKES FL 33016 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/28/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0791008 Not Applicable 21 26 Suite, Apt #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Zin Country Žιρ 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MARTINEZ, MARILEX 15120 DUBARTON PLACE Street Address (P.O. Box Number is Not Acceptable)

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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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R4 City

Signature, typod or printed name of registated agricit and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change TITLE MARTINEZ, MARILEX 1.2 NAME NAME 15120 DUBARTON PLACE 1.3 STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33016 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ___ Change 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZiP Change Addition DELETE 51 TITLE TITLE 5.2 NAME STREET ADDRESS 53 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6 1 TITLE Change Addition TITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADORESS

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 emptywered 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.

SIGNATURE:

205-820-2406

FILED

Feb 26 1998 8:00am

Secretary of State

Zio Code

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