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

PROFIT CORPORATION ANNUAL REPORT

1998



CLORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000095877 (1)

CRYSTAL DECO, INC. Principal Place of Business Mailing Address 1500 LIVE OAK LANE 1500 LIVE OAK LANE LAKE BUENA VISTA FL 32830 LAKE BUENA VISTA FL 32830 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/07/1997 2a. Mailing Addres Applied For FEI Number P.O. Box Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing ORIANDO WINDERMERE Added to Fees Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible 34786 Personal Property Tax due June 30. Yes Yes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Alfonso CORPORATION SERVICE COMPANY Acribae Street Address (P.O. Box Number is NO Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City WindERMERE 84 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 familier with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOT: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE TITLE 1.1 TITLE ARRIBAS, ALFONSO 1.2 NAME 1500 LIVE OAK LANE 1.3 STREET ADDRESS STREET ADDRESS LAKE BUENA VISTA FL 32830 1.4 CITY - ST - ZIP CITY - ST- ZIP Change Addition DELETE TITLE 2 1 TITLE ARRIBAS, TOMAS NAME 22 NAME 1500 LIVE OAK LANE STREET ADDRESS 2 3 STREET ADDRESS LAKE BUENA VISTA FL 32830 CITY-ST-ZIP 2. 4 City-St-ZiP Addition Change DELETE 3.1 TITLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 51 TITLE TITLE 52 NAME NAME 53 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 61 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 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.

SIGNATURE:

180/98 (101)828.4840

FILED

Feb 16 1998 8:00am

Secretary of State