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

FILED Mar 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P97000097250 (9) **DOCUMENT #** AZTEC MANAGEMENT GROUP, INC. Principal Place of Business Mailing Address 704 ZAMORA AVE. 704 ZAMORA AVE. CORAL GABLES FL 33134 CORAL GABLES FL 33134 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/12/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MURPHY, WILLIAM F 4770 BISCAYNE BLVD., STE. 960 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33137** 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. In 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. MARIO R. CASTRO -SIGNATURE (NOTE: Registered Agent signature required when reinstating) typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE CASTRO, MARIO R 1.2 NAME NAME 704 ZAMORA AVE. STREET ADORESS 1.3 STREET ADDRESS **CORAL GABLES FL 33134** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE FAVARO, FEDERICO L NAME 2.2 NAME 704 ZAMORA AVE. STREET ADDRESS 2.3 STREET ADDRESS **CORAL GABLES FL 33134** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE MURPHY, WILLIAM F NAME 3.2 NAME 4770 BISCAYNE BLVD., STE. 960 STREET ADDRESS 3.3 STREET ADDRESS **MIAMI FL 33137** CITY-ST-ZIP 3.4. CITY- ST- ZIP DELETE 4.1 TITLE Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP ☐ DELETE 61 TITLE Change ☐ Addition TITLE

Block 12 or Block 13 if changes ment with an address.

6.2 NAME

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 suppliemental 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 pooling or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

NAME

STREET ADDRESS

CITY-ST-ZIP