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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000104969 (5)

CALZADA ENTERPRISES, INC.

FILED Mar 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 5905 N. SABLE CIRCLE 5905 N. SABLE CIRCLE MARGATE FL 33063 MARGATE FL 33063 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>12/12/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CALZADA, RAFAEL 5905 N. SABLE CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) MARGATE FL 33063 83 84 Zip Code 85 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 15 bias with, and accept the obligations of Section 607 0505, Florida Statutes. alac **SIGNATURE** 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change 1.1 TITLE NAME 1.2 NAME 5905 N. Sable Circle STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - 7IP vargate, DELETE TITLE 2.1 TITLE Change X Addition NAME 2.2 NAME 5905 N. Sable Linck STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHY+ST-7IP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE 8000024478 NAME 6.2 NAME -03/05/98--01009--020 STREET ADDRESS 6.3 STREET ADDRESS ***150.00 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 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.