SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000108758 (8)

FILED

Jul 30 1998 8:00am

Secretary of State

| FEN INSTRUMENTS, INC. | | | |
|---|---|---|--|
| Principal Place of Business | Mailing Address | | 1 (BBildBi 114 (dill (Bail Baile Baile Baile Baile i fail fail (dil (an) |
| SES W 81 STREET | 2665 W 81 STREET | | |
| IALEAH FL 33016 | HIALEAH FL 33016 | | DO NOT WRITE IN THIS SPACE |
| | | | 3. Date Incorporated or Qualified |
| | | | 12/30/1997 |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number Applied For |
| ר | 26 | | 65-080/188 Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired \$8.75 Additional |
| 2 | 27 | | Fee Required |
| City & State | City & State | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| 3 | 28 | Country | 8. This corporation owes or has paid the current year Intangible |
| Zip Country | Zip | 30 | Personal Property Tax due June 30. Yes No |
| 4 25 9, Name and Address of Curr | 29 29 Agent | | 10. Name and Address of New Registered Agent |
| | BIII (Cagiatoraa - B | 81 Name | |
| LOPEZ, GABRIEL | | 81 Street Add | ress (P.O. Box Number is Not Acceptable) |
| 5751 NW 98 AVENUE | | | |
| MIAMI FL 33178 | | 8 | |
| e e | | City | ■ 85 Zip Code |
| | | 11 ' | pration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered |
| Pursuant to the provisions of sector of sector office or registered agent, or both, in the Signature. I am familiar with, and accept the old SIGNATURE Signature, typed or printed name of registered. | agent and title if applicable () | NOTE: Registengent signature req | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| 12. OFFICERS | AND DIRECTORS | 1.1 TIT) | Change Addition |
| TITLE PRESIDENT | | 1.2 NAI | Change Addition |
| NAME GABRIEL. | Loper | 13 STFADDRESS | |
| NAME GABRIEL STREET ADDRESS 5751 NW G CITY-ST-ZIP MARCHARMAN STREET ADDRESS STREET ADDRESS | 33,78 | 1.4 CITZIP | |
| CITY-ST-ZIP TITLE V P. JECNE NAME STREET ADDRESS GITY-ST-ZIP MEUNI CITY-ST-ZIP CITY-ST-ZIP | DELETE | 2.1 TIT | Change Addition |
| TITLE V P. SECRE | Destrens | 2.2 NA | |
| NAME GIADYS | 18 Due | 2.3 STADDRESS | |
| STREET ADDRESS 5751 | 1. 33178 | 2.4 CIZIP | |
| CITY-ST-ZIP WILL THE | DELETE | 3 1 TI' | Change Addition |
| TITLE | | 3.2 N | |
| NAME STREET ADDRESS | | 3.3 SADDRESS | |
| CITY-ST-ZIP | | 3.4 f-ZIP 4.1 l | |
| TITLE | DELETE | 4.2 N | ☐ Change ☐ Addition |
| NAME | | 4.3 SIDDRESS | |
| STREET ADDRESS | | 4.4 QIP | |
| C(TY-ST-ZIP | DELETE | | Change Addition |
| TITLE | الله الله الله الله الله الله الله الله | 5.2 † | Change C Addition |
| NAME | | 5.3 ADDRESS | |
| STREET ADDRESS | | 5.4 ZIP | |
| CITY-ST-ZIP | DELET | E 6.1 | Change Addition |
| TITLE | | 6.2 ! | |
| NAME | | 6.3 DDRESS | ļ |
| STREET ADDRESS | | 6.4 TP | |
| CITY-ST-ZIP | lied with this filing does not qualify | for the exertated in section accurate any signature : | ion 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am unifer by Chapter 607. Florida Statutes; and that my name appears |
| an officer or director of the corporation of | mental annual report is frue and of the receiver or trustee empower an an attachment with an artifices. | 100 10 5/10 1 | ion 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am juired by Chapter 607, Florida Statutes; and that my name appears 07/0/66299 |