SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30. 1998. AMOUN? DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). 98 DEC 31 PH 12: 21 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 197000 108925 SOUTH PLORIDA PAIL CONSTRUCTIONS INC. Mailing Address YTYA NW 21ST STREET LAUDERHILL PLANION 33313 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 4740 NW X151 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be -6. Election Campaign Financing LAUDERHILL, Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 30 Personal Property Tax dué June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SANTOS HERNANDEZ 81 4740 NW SIST ST WANDERHALLY PUR 33313 Street Address (P.O. Box Number is Not Acceptable) Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Recida 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 charge was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE, Registered Agent signature required when reinstating 12. (2/98)13. 1.1 TITLE TITLE NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS LAUDERHUL Mr 33313 1.4 CiTY-ST-ZIP CITY-ST-ZIP TITLE 21 TITLE Addition PLEZIA 22 NAME NAME 000002734950---01/08/99--01088--002 STREET ADDRESS 2 3 STREET ADDRESS Change Addition CITY-S1-ZIP 2. 4 CITY-ST-ZIP *****61.25 DFLETE TITLE 3.1 TITLE 3 2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ☐ Addition NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-SI-ZIP 5.4 CiTY - ST - ZiP DELETE TITLE 6 1 TITLE Addition NAME 62 NAME STREET ADDRESS **63 STREET ADDRESS** 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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

SIGNATURE: