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

PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham FILED ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAY -4 AM 9: 18 P97000109045 (9) DOCUMENT # SECRETARY OF STATE ALLAHASSEE, FLORIDA STRENGHT INVESTMENTS_CORP. Principal Place of Business Mailing Address 366 WEST 12TH STREET 366 WEST 12TH STREET HIALEAH FL 33010-3815 HIALEAH FL 33010-3815 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/30/1997 Principal Place of Business 2a. Mailing Address FFI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country $Z_{\rm ID}$ Country 8. This corporation owes or has paid the current year Intangible 24 25 Yes 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SAN PEDRO, ALBERT ,366 **we**st 12th Street 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33010-3815 83 84 City 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, 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or protect name of registerest agent and title diapplicable. (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition SAN PEDRO, DUICE NAME 1.2 NAME 800002516348--8 -05/07/98--01133--005 **366 WEST 12TH STREET** STREET ADDRESS 1.3 STREET ADDRESS **HIALEAH FL 33010-3815** ****150.00 ****150.00 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change SAN PEDRO, ALBERT MF 2.2 NAME 366 WEST 12TH STREET FREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL 33010-3815 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS FET ADDRESS 338 CITY-ST-ZIP 3.4 '- ST - ZIP DELETE Change Addition TITLE 4.1 NAME 4 2 STREET ADDRESS 4.3 ET ADDRESS CITY-ST-ZIP - S1 - ZIP TITLE DELETE 5.1 T Change Addition NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CHTY - ST - ZIP DELETE Chang TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 C(TY - \$1 - ZIP 14. Thereby 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 truled on who wered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or our made analysis with an address.