FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jun 29, 1999 8:00 am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION **Secretary of State** Katherine Harris ANNUAL REPORT Secretary of State 06-29-1999 90005 002 ***450.00 1999 **DIVISION OF CORPORATIONS** D980000 30927 DOCUMENT # HIALEAH LEGAL CENTER, INC. Reincipal Place of Business 4160 W. 16 th AUE. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/03/98 2a. Mailing Addres Applied For 25 4160 W. 16 Ave. Not Applicable \$8.75 Additional 5. Certificate of Status Desired Suite sou Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes to Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name VIGIL-FARINAS, ELENA ESQ. Street Address (P.O. Box Number is Not Acceptable) 4160 WEST 16TH AVENUE SUITE 502 83 HIALEAH FL 33012 84 City 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. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE DELETÉ 1,1 TITLE Addition | 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP nne DELETE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP CI DELETE 41 TITLE Addition ↓ 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change ☐ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY- ST- 7IP DELETE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I hereby certify that the information sup-indicated on this annual report or suppr officer or director of the contration or d with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information that 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 effective or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attachment with an address, with all other like empowered. Block 12 or Blogs

SIGNATURE

12.

TILE

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27/99 (301)820-18