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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000036846

1. Corporation Name

Principal Place of Business

On Dock Enterprises, Inc.

Mailing Address

6755 SW 75th Avenue

6755 SW 75th Avenue DO NOT WRITE IN THIS SPACE MIami, FL 33143 MIami, FL33143 3. Date Incorporated or Qualifed 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For P. O. BOX 430098 Not Applicable 26 116**01** SW 98 Street 65-083-7161 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing MIAM. Trust Fund Contribution Added to Fees 28 <u>Miami</u> Country 8. This corporation owes the current year Intangible USA □No 24 33176 30 Personal Property Tax. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable)
11601 SW 98 Street Jaime E. Suarez 6755 SW 75th Avenue 33143 MIami, FL84 Zip Code Miami 33176 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition □ DELETE 1.1 TITLE TITLE P/S/D 1.2 NAME NAME Jaime E. Suarez STREET ADDRESS 1.3 STREET ADDRESS 1160| SW 98 Street 6755 SW 75th Avenue CITY-ST-ZIP 1.4 CITY-ST-ZIP Miami, FL 33176 Miami, FL 33143 DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 31 TITLE ☐ Change TITLE 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP □ DELETE Addition ☐ Change 4.1 TITLE 4.2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ DELETE Change Addition TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 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 contraction of 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 or an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 13, 1999 8:00 am Secretary of State

05-13-1999 90021 025 ***150.00

CR2E034 (11/98)