03221999-90143-034-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State
03-22-1999 90143 034 ***150.00

DOCUMENT # P98000039725

1. Corporation Name
POTOMAC PLACE, INC.

Principal Place of Business
~~C/O MARQUEZ & FERNANDEZ, P.A.~~
~~782 N.W. LE JEUNE ROAD SUITE 548~~
~~MIAMI FL 33126~~

Mailing Address
~~C/O MARQUEZ & FERNANDEZ, P.A.~~
~~782 N.W. LE JEUNE ROAD SUITE 548~~
~~MIAMI FL 33126~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/01/1998

2. Principal Place of Business
21 15061 SW 145 ct.
Suite, Apt. #, etc. 22
City & State 23 MIAMI, FL.
Zip 24 33186 Country 25

2a. Mailing Address
26 P.O. BOX. 165820
Suite, Apt. #, etc. 27
City & State 28 MIAMI FL.
Zip 29 33116. Country 30

4. FEI Number 650863001 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
~~ESQUIRE CORPORATE SERVICES, INC.~~
~~782 N.W. LE JEUNE ROAD~~
~~SUITE 548~~
~~MIAMI FL 33126~~

10. Name and Address of New Registered Agent
81 Name POTOMAC PLACE, INC. VICTOR SEIJAS
82 Street Address (P.O. Box Number is Not Acceptable) 15061 SW 145 ct.
83
84 City MIAMI. FL 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 printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pre ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT. VICTOR F. SEIJAS JR. 15061 SW 145 ct. MIAMI, FL. 33186 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SECRETARY. VICTOR F. SEIJAS JR. 15061 SW 145 ct. MIAMI, FL. 33186. ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 corporation or 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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)