FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED PROFIT** FLORIDA DEPARTMENT OF STATE May 06, 1999 8:00 am CORPORATION Katherine Harris ANNUAL REPORT Secretary of State Secretary of State 1999 DIVISION OF CORPORATIONS 05-06-1999 90259 038 ***150.00 DOCUMENT # P98000054634 1. Corporation Name MIAMI SWIM TEAM, INC. Principal Place of Business Mailing Address 4910 S.W. 93rd Court 4910 S.W. 93rd Court Miami, Florida 33165 Miami, Florida 33165 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 6/16/98 X Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 1200 Brickell Avenue Not Applicable Suite, Apt. #, etc.
Suite 900 Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Miami, Florida 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible 30 USA 33131 □No 25 Personal Property Tax. ☐ Yes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent AGIM Registered Agents, Inc. Adams, Gallinar, Iglesias & Meyer, P.A. reet Address (P.O. Box Number is Not Acceptable)
1200 Brickell Avenue, Suite 900 701 Brickell Avenue, Suite 2150 Miami, Florida 33131 83 RRA: City **Miami** Zip Code 33131 84 11. Pursuant to the provisions of Sections office or registered addition of both, in agent. I am familiar with, and acceptal 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered be State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered be obligation of, Section 607.0505, Florida Statutes. AGIM Registered Agents, Inc. President SIGNATURE (NOTE: Registered Agent signature required ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. AND DIRECTORS 13. **X** Addition □ DELETE 1.1 TITLE ☐ Change TITLE P,S,T 1.2 NAME NAME Andres F. De Angulo STREET ADDRESS 4910 S.W. 93rd Court 13 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP Miami, FL 33165 Addition □ DELETE ☐ Change TITLE 2.1 TITLE Nr. 4E 2.2 NAME REET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition ☐ DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE

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 en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

OFFICER OR DIRECTOR

305 416 6800

(11/98)CR2E034