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

May 13, 1999 8:00 am **PROFIT** FLORIDA DEPARTMENT OF STATE Secretary of State **CCRPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State 05-13-1999 90040 038 \*\*\*158.75 DIVISION OF CORPORATIONS <del>-1998</del> 1999 DOCUMENT # 98000070984 OK ~ ADIANTAGE HOME Inspections, Inc. Principal Place of Business Mailing Address 616 NW 115T. same. MIAMI - FL 33136 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 1998 AUGUST 14 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Same 21 614 NW'11 Not Applicable 26 Suite, Apt #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Miami -28 Trust Fund Contribution Added to Fees 23 Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent RICARDO B. Meneses Street Address (P.O. Box Number is Not Acceptable) Lelle NW 115T. Miami, FL 33136 83 84 Zip Code City 85 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) (10/97)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Addition Change TITLE President DELETE 1.1 TITLE CR2E034 RICARDO B. Meneses NAME 12 NAME 616 NW 115T. 1 3 STREET ADDRESS STREET ADDRESS MIAMI - A. 33136 CITY-ST-ZIP 1 4 CITY - ST - ZIP Secretary DELETE Change ☐ Addition 2.1 TITLE TITLE Nury E. Meneses 22 NAME NAME UIG NWIIST. 2.3 STREET ADDRESS STREET ADDRESS Miami -FL. 33136 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS 3 4. CITY - ST- ZIP CITY-ST-ZIP Change DELETE Addition THILE 41 TITLE 4 2 NAME NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELETE Addition Change TITLE 5 1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6 1 TITLE NAME 62 NAME 63 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)(1), 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 trusted amovement 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.

\*\*RICARDO B.\*\*

MENESES

PED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

**■**:13