PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS 1999 DOCUMENT # P98000075034 SURFSIDE CORPORATION OF BROWARD Principal Place of Business Mailing Address

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SECRETAIN OF STATE TALLAMASSEE, FLORIDA



10062 NW 3RD PLACE CORAL SPRINGS FL 33071 10062 NW 3RD PLACE CORAL SPRINGS FL 33071 DO NOT WRITE IN THIS SPACE 1 Date incorporated or Qualifed 08/26/1998 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc.__ 5. Certificate of Status Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 23 Country Country This corporation owes the current year Intangible 25 24 29 Personal Property Tax. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 TOBAR, JULIO Street Address (P.O. Box Number is Not Acceptable) 10062 NW 3RD PLACE CORAL SPRINGS FL 33071 83 City 85 Zip Code FL 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, it hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE [] Change 1.1 TITLE ☐ Addition TITLE PO TOBAR, JULIO NAME 10062 NW 3RD PLACE STREET ADDRESS 13 STREET ADORESS CORAL SPRINGS FL 33071 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE TOBAR, EVA NAME 22 NAME STREET ADDRESS 10062 NW 3RD PLACE 2.3 STREET ADDRESS **CORAL SPRINGS FL 33071** 2 4 City-ST-ZP OTY-51-29 DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS C/TY-ST-ZIP 34 CITY-ST-ZIP DELETE Addition ☐ Change TITLE 41 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 C(TY-\$1-Z)P CITY-ST-ZIP DELETE Change Addition DILE 51 TITLE

6.4 CITY-ST-ZIP 14. Thereby 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.

52 NAME

61 TITLE

62 NAME

5 3 STREET ADDRESS

63 STREET ADDRESS

54 CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Swed Trusk Commen SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR JULIO TOBAR

DELETE

CR2E034

Addition