

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

**FILED**  
**May 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90011 002 \*\*\*150.00

|                                             |                                                                                                   |
|---------------------------------------------|---------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1999 | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---------------------------------------------|---------------------------------------------------------------------------------------------------|

DOCUMENT # P98000085190 ✓

1. Corporation Name

GREAT BIG WAY INC

Principal Place of Business  
1221 NE 87 STREET  
MIAMI FL 33138Mailing Address  
418 NE 25 STREET  
MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/5/982. Principal Place of Business  
21 2121NBAYSHORE DRIVE2a. Mailing Address  
2a 2121NBAYSHORE DRIVE4. FET Number  
65-0866906Applied For  
Not Applicable22 Suite, Apt. #, etc.  
120627 Suite, Apt. #, etc.  
12065. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required23 City & State  
MIAMI FL28 City & State  
MIAMI FL6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees24 Zip Country  
33137 USA29 Zip Country  
33137 USA8. This corporation owes the current year intangible Personal  
Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RITA QUINTERO  
1221 NE 87 STREET  
MIAMI FL 33138

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 2121 BAYSHORE DRIVE 1206

84 City FL 85 Zip Code  
MIAMI 33137

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 by 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           | P, VP, S, T       | <input type="checkbox"/> DELETE |
| NAME            | RITA QUINTERO     |                                 |
| STREET ADDRESS  | 1221 NE 87 STREET |                                 |
| CITY - ST - ZIP | MIAMI FL 33138    |                                 |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |                                                                   |
| 13 STREET ADDRESS  | 2121NBAYSHORE DRIVE 1206                                          |
| 14 CITY - ST - ZIP | MIAMI FL 33137                                                    |

|                 |                                 |
|-----------------|---------------------------------|
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |

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|--------------------|-------------------------------------------------------------------|
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |                                                                   |
| 23 STREET ADDRESS  |                                                                   |
| 24 CITY - ST - ZIP |                                                                   |

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|-----------------|---------------------------------|
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |

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|--------------------|-------------------------------------------------------------------|
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |                                                                   |
| 33 STREET ADDRESS  |                                                                   |
| 34 CITY - ST - ZIP |                                                                   |

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|-----------------|---------------------------------|
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |

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|--------------------|-------------------------------------------------------------------|
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |                                                                   |
| 43 STREET ADDRESS  |                                                                   |
| 44 CITY - ST - ZIP |                                                                   |

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|-----------------|---------------------------------|
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |

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|--------------------|-------------------------------------------------------------------|
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |                                                                   |
| 53 STREET ADDRESS  |                                                                   |
| 54 CITY - ST - ZIP |                                                                   |

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|-----------------|---------------------------------|
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |

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|--------------------|-------------------------------------------------------------------|
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            |                                                                   |
| 63 STREET ADDRESS  |                                                                   |
| 64 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 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:

PRESIDENT

4/30/99 305-572-0209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STF FL32351.F.1

7/23/99