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PROPIT CORPORATION ANNUAL REPORT

SIGNATURE: A



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P980000 92719
1. Corporation Name CAYON ENTERPRIES, INC

## **FILED** May 10, 1999 8:00 am Secretary of State

05-10-1999 90228 050 \*\*\*150.00

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| Frincipal Place of Business  575 EAST 23 S  HIALLAH, R 33  2. Principal Place of Business  | 2013 H/An  |   | 23013   | 3. Date Incorporated or Qua  Nov. 2 /9  4. FEI Number |                | Date of Last R                         |  |
|--|--|---|---|---|----------------|--|--|
| 1  | 26   | <del></del>   |   | <u> </u>  |                |  | ot Applicabl   |
| Suite, Apt. #, etc   | Suite, Apt. #,   | , etc   |   | 5. Certificate of Status Desir                        | ed 🗌           |  | Additional<br>equired  |
| City & State   | City-&-State-  |   |   | 6. Election Campaign Finance                          | cing —         | \$5:00                                 | <u> </u>   |
| <u></u>  | 28   |   |   | Trust Fund Contribution                               |                |  | to Fees  |
| Zip Country  | Zip  | — ,   | ountry  | This corporation has liabil     Florida Statutes      |                | le tax under s<br><b>X</b> No          | . 199.032,   |
| 9. Name and Address of 0   | 29 Current Registered Agent  | 30  | T -   | 10. Name and Address of N                             |                | <del></del>                            |  |
|  |  |   | 81 Name   |   | <u>v</u>       |  |  |
| SIEGO CAYON  |  |   | DO CHO - A Add  | Irana (D.O. Bay N. mhay a Not An                      | ecotoble)      |  |  |
| DIEGO CAYON<br>575 EAST 23 S   | 7 Ree  |   | 82 Street Add   | Iress (P.O. Box Number is Not Acc                     | ceptable)      |  |  |
| 11 - 2411 6  |  |   | 83  |   |                |  |  |
| HIMPAH, A 33013  | ,  |   | 84 City   |   |                | 85 Zip                                 | Code   |
| 220/7  |  |   | 64 City   |   | Fl             | _                                      | cone   |
| <ol> <li>Pursuant to the provisions of Sections 60<br/>office or registered agents or both in the<br/>agent. I am familiar with, and at sept the</li> </ol>  | 07.0502 and 607.1508, Florid   | da Statutes, the a  | above-named corp  | poration submits this statement fo                    | or the purpose | of changing it                         | is registere   |
| office or registered agents or both, in the  | e State of Florida Such Chan   | ocor Electo Ca  | eu by the corpora   | mon's board or directors. Thereby                     | accept the ap  | pontinent as                           | registered   |
| agent. I am familiar with, and acasept the   | obligations of, section our.   | .ubub, Figrida Sta  | alules.   | /) .1 <b>L</b>  |                | 2 A -                                  |  |
| J . 10 L   | obligations of, Section 607.   | 1)19  | 10 COMPLE   | - (100), ak-1   | 4-8            | 28-99                                  |  |
| GNATURE Signature, typed or printed name of regist   | tered agent and title it applicable  | (NOTE Regis   | ed Agent signifure requ   | - (//O), QL-1   | 7-7            | 20-71                                  |  |
| GNATURE Signature, typed or printed name of regist   | ered agent and title it applicable   | (NOTE Regist)   | ed Agent signature requ   | - (100), ak-1   | 7-7            | D DIRECTOR                             | RS IN 12   |
| GNATURE Signature, typed or pure to name of regist 2. OFFICER  | tered agent and title it applicable  | (NOTE Regist) 13. ELETE 1.1   | ed Agent signifure requi  | - (//O), QL-1   | 7-7            | 20-71                                  | RS IN 12   |
| GNATURE Signature, typed or pure to name of regist 2. OFFICER  | tered agent and title it applicable  | (NOTE Regist) 13. ELETE 1.1   | ed Agent signifure requirements. TITLE NAME   | - (//O), QL-1   | 7-7            | D DIRECTOR                             | RS IN 12   |
| GNATURE Signature, typed or pure to name of regist 2. OFFICER  | tered agent and title it applicable  | (NOTE Regist) 13. ELETE 1.1   | ed Agent sign ure required.  TITLE  NAME  STREET ADDRESS  | - (//O), QL-1   | 7-7            | D DIRECTOR                             | RS IN 12   |
| GNATURE Signature, typed or purple have of regist 2. OFFICES  LE PCAYON, DIEG  REET ADDRESS 575 2AST  TY-ST-ZIP HIALBH, RE   | RS AND DIRECTORS  DESCRIPTION   | (NOTE Regs)  13. ELETE 1.11  121  134   | ed Agent signifure required.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | - (//O), QL-1   | 7-7            | D DIRECTOR Change                      | RS IN 12   |
| SIGNATURE Signature. typed or purpled name of regist 2. OFFICES  THE PCAYON, DIEG  REET ADDRESS 57.5 EAST  TY-ST-ZIP HIALBH, RE  TILE  | tered agent and title it applicable  | (NOTE Regist)  13.  ELETE 1.17  12.1  13.  14.1  ELETE 2.11   | ed Agent signifure required.  ITITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | - (//O), QL-1   | 7-7            | D DIRECTOR                             | RS IN 12   |
| GNATURE  Signature. type of pure of regist  C. OFFICES  LE P CAYON, DIEG  REET ADDRESS 575 2 AST  TY-SI-ZIP HIALLAH, KE  LE ME   | RS AND DIRECTORS  DESCRIPTION   | (NOTE Regist)  13.  ELETE 1.11  13.  14.  ELETE 2.11  221   | ed Agent signalure requisions.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME   | - (//O), QL-1   | 7-7            | D DIRECTOR Change                      | RS IN 12   |
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| IGNATURE  Signature, typed or propied name of regist  2. OFFICER  ME  CAYON, OIEG  REET ADDRESS  TY-ST-ZIP  FILE  MME  REET ADDRESS  TY-ST-ZIP  FILE  SIGNATURE  SIGNATURE  FILE  SIGNATURE  FILE  SIGNATURE  FILE  SIGNATURE  FILE  FILE  SIGNATURE  FILE  FILE  SIGNATURE  FILE  FILE  FILE  SIGNATURE  FILE  FILE  FILE  FILE  SIGNATURE  FILE  FIL | RS AND DIRECTORS  DE COMPANY OF THE  | (NOTE Regist)  13.  ELETE 1.11  121  13.  14(  ELETE 211  221  23.  2 4   | ed Agent signifure read  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE   | - (//O), QL-1   | 7-7            | D DIRECTOR Change                      | RS IN 12 Addition  |
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| GNATURE  Signature, typed or purpled name of regist  C. OFFICES  LE  ME  CAYON, OIEG  FREET ADDRESS  TY-ST-ZIP  HIALIAH, RE  LE  ME  REET ADDRESS  TY-ST-ZIP  HE  ME  REET ADDRESS   | RS AND DIRECTORS  DE COMPANY OF THE  | (NOTE Regist)  13. 12. 13. 14. 14. 22. 23. 2.4 31. 32.6 33.6 33.6   | ed Agent signifure requirements.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  NAME  STREET ADDRESS   | - (//O), QL-1   | 7-7            | D DIRECTOF Change Change               | RS IN 12 Addition  |
| IGNATURE  Signature, typed or printed name of regist  2. OFFICER  P CAYON, OIEG  REET ADDRESS  TY-ST-ZIP  ILE  ME REET ADDRESS  TY-ST-ZIP  ILE  ME REET ADDRESS  TY-ST-ZIP  ILE  ME REET ADDRESS  TY-ST-ZIP  | RS AND DIRECTORS  DE COMPANY OF THE  | (NOTE Regist)  13.  14.  ELETE 1.1.  13.  14.  22.  23.  2.4  31.  32.6  33.  34.                                       | ed Agent signifure requirements.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  | - (//O), QL-1   | 7-7            | D DIRECTOF Change Change               | RS IN 12 Addition Addition Addition  |
| IGNATURE  Signature, typed or printed name of regist  2. OFFICES  FLE  MRE  CAYON, OIEG  STY-ST-ZIP  FLE  MRE  REET ADDRESS  TY-ST-ZIP  TLE  MRE  TY-ST-ZIP  TLE  | RS AND DIRECTORS  DE COMPANY OF THE PROPERTY O | (NOTE Regist)  13.  14.  ELETE 211  221  23.  24  31.  32.  34  ELETE 4.1   | ed Agent signifure requirements.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  TITLE  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE   | - (//O), QL-1   | 7-7            | D DIRECTOF Change Change Change        | RS IN 12 Addition Addition Addition  |
| IGNATURE  Signature, typed or printed name of regist  2. OFFICES  ILE  AME  CAYON, OIES  STAST  TY-ST-ZIP  THE  AME  IREET ADDRESS  TY-ST-ZIP  TILE  AME  | RS AND DIRECTORS  DE COMPANY OF THE PROPERTY O | (NOTE Regist)  13.  14.  ELETE 1.1  13.  14.  22.  23.  24.  31.  32.  34.  ELETE 4.1  4 2                              | ed Agent signifure requirements.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  NAME   | - (//O), QL-1   | 7-7            | D DIRECTOF Change Change Change        | RS IN 12 Addition Addition Addition  |
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| GNATURE  Signature. typed or purpled name of registed 2.  OFFICES  LE  ME  CAYON, 01e6  S75 2AST  HY-ST-ZIP  THE  ME  REET ADDRESS  TY-ST-ZIP  ME  REET ADDRESS  TY-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  | RS AND DIRECTORS  DE COMPANY OF THE PROPERTY O | (NOTE Regist)  13.  14.  ELETE 1.1  13.  14.  22.  23.  24.  31.  32.  34.  ELETE 4.1  4.2  4.3.  4.4.                  | ed Agent signifure requirements.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  NAME   | - (//O), QL-1   | 7-7            | D DIRECTOF Change Change Change        | Addition Addition Addition Addition Addition   |
| IGNATURE  Signature, typed of printed name of regist  2. OFFICER  ILE  IME  REET ADDRESS  TY-ST-ZIP  ILE   | PRESENTANT DIRECTORS  DESCRIPTION  DESCRIPTI | (NOTE Regist)  13.  14.  ELETE 1.11  13.  14.  ELETE 211  22.  33.  2.4  ELETE 31:  32.  44.  42.  43.  44.4  ELETE 51: | ed Agent signifure requirements.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | - (//O), QL-1   | 7-7            | D DIRECTOF Change Change Change        | RS IN 12 Addition Addition Addition  |
| GNATURE  Signature, typed or printed name of regist  C. OFFICES  LE PROPERTY OF THE CAYON, DIEG  REET ADDRESS  TY-ST-ZIP  LE ME  | PRESENTANT DIRECTORS  DESCRIPTION  DESCRIPTI | NOTE Regist   13   13   14   15   15   15   15   15   15   15   | ed Agent signifure requirements.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE   | - (//O), QL-1   | 7-7            | D DIRECTOF Change Change Change        | Addition Addition Addition Addition Addition   |
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| IGNATURE  Signature, typed of printed name of regist  2. OFFICER  ILE  IME  REET ADDRESS  TY-ST-ZIP  | PRESENTANT DIRECTORS  DESCRIPTION  DESCRIPTI | NOTE Regist   13  | ed Agent signifure required Agent signifure required Agent signifure required Agent signifure required Agent Address City-St-ZiP Title  NAME STREET ADDRESS CITY-St-ZiP TITLE NAME STREET ADDRESS CITY-St-ZIP TITLE NAME STREET ADDRESS CITY-St-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS             | - (//O), QL-1   | 7-7            | D DIRECTOF Change Change Change        | Addition Addition Addition Addition  |
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Cayon-President