FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State ·'1997 DIVISION OF CORPORATIONS 97 JUN 27 AH 9: 21 DOCUMENT # \$16228 (6) SECKE WARY OF STATE TALLAHASSEE FLORIDA TONY ARENCIBIA, P.A. Principal Place of Business Mailing Address 340 ROYAL PALM WAY 340 ROYAL PALM WAY 2ND FLOOR PALM BEACH FL 33480-4305 PALM BCH FL 33480 3. Date Incorporated or Qualified 3a. Date of Last Report 03/21/1996 01/01/1991 Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 2044 BONISLE (IR 26 65-0231974 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intaggible tax under s. 199.032, VAJER (312-161 28 Florida Statutes . 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ARENCIBIA, TONY ARENCIBIA 340 ROYAL PALM WAY 82 #202 83 PALM BCH FL 33480 R4 &EAUH Pursuant to the provisions of Soc office or registered agent, or be agent. I am familiar with, and ac-To do Statutes, the above named corporation submits this statement for the purpose of changing its registered change was authorized by the corporation's board of directors. I hereby accept the appointment as registered 07,0505, Florida Statutes. : 607.0502 and 607.150 the State of Florida. Su DNY ARENUSIA SIGNATURE Signature, typed or pri 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. (96/6)DELETE ☐ Addition Change TITLE 11 THEE 4 RENCIBIA 1000 L ARENCIBIA, TONY -NAME 1.2 NAME E034 P.O. Box 3042 340 ROYAL PALM WAY, 2ND FLOOR STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH FL PALLI BESCH CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 HUE ☐ Change Addition 500002227695---07/01/97--01054--009 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS ****165.00 ****165.00 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 angular report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made until fam an officer or director of the constitution or the receiver or trusted empowered to execute this report as required by Ctrapter 607, Florida Statutes; and that my has appears in Block 12 or Block 13 if changed or on an attachment with all address.

STREET ADDRESS

CITY-\$1-ZIP