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

AND FILED **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham 98 APR - I AM 8: 53 ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # (8)METER MAN, INC. Principal Place of Business Mailing Address 2300 CORAL WAY 2300 CORAL WAY #200 #200 MIAM! FL 33145 MIAMI FL 33145 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 01/08/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 2300 CORAL WAY 26 2300 CORAL WAY 65-0224477 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 SUITE # 200 27 SUITE # 200 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 MIAMI, FLORIDA 28 MIAMI, FLORIDA Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 33145 _[25] US 29 33145 30 US Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name FLORIDA ANNUAL REPORT SERVICES INC. 2300 CORAL WAY 82 Street Address (P.O. Box Number is Not Acceptable) #200 **MIAMI FL 33145** 83 Zip Code of Sections 607.0502 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered to both, in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered as a such as a complete the appointment as registered as a complete the appointment as a c 11. Pursuant to the provisions office or registered agent (Tam familia SIGNATURE AMADA CANTERA LOPEZ
(NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 THLE Change Addition **ESCALONA, EDMUNDO** NAME 1.2 NAME 625 SW 13 AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP -04/02/98--01074--001 DELETE TITLE 2.1 TITLE NAME 2.2 NAME ****150.00 ****150.00 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE TITLE 41 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CUY-ST-ZIP 4.4 CITY-S1-ZIP TITLE DELETE 5.1 THLE Change Addition NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 cath; that I am an officer or director of the corporation or the ecciver or trustee engaged 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 en ag attachment

6.4 CITY-ST-ZIP

CITY-ST-ZIP

APPROVED

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