3-6-98 B 2908 c FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Mar 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # S27169 (9)J. BENITEZ ACCOUNTING SERVICES, INC. Principal Place of Business Mailing Address 2381 SW 80 CT 2381 SW 80 CT MIAMI FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE US Date Incorporated or Qualified 01/24/1991 2. Principal Place of Business 2a. Mailing Address Applied For 65-0239336 Not Applicable 21 Suite, Apt #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the currept year Intangible Personal Property Tax due June 30. Yes No 24 25 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BENITEZ, JUAN M. 10865 SW 36 STREET 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33165** 83 В4 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules. SIGNATURE (NOTE: Registered Agent signature required when reinstaling) 12. OLFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELFTE Change Addition TITLE 1.1 TITLE BENITEZ, JUAN M. 1.2 NAME NAME 10865 SW 36 STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-7IP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE 4.1 TOLE Change ☐ Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-78 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

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 comporation of the receiver or trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607, Florida Statutes; and that my name appears in

5 4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

JUAN M. BONITEZ

DELETE

3-2-98 (305)241-1589

☐ Change

Addition