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

Feb 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State · ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S34043 CARLOS J. ARBOLEYA, JR., P.A. Principal Place of Business Mailing Address 2550 SOUTH DIXIE HIGHWAY 2550 SOUTH DIXIE HIGHWAY **COCONUT GROVE FL 33133** DECRIB DO NOT WRITE IN THIS SPACE COCONUT GROVE FL 33133 3. Date Incorporated or Qualified 02/26/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0258310 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campalgn Financing \Box 23 26 **Trust Fund Contribution** Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes □ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ARBOLEYA, CARLOS J., JR. 2550 SOUTH DIXIE HIGHWAY Street Address (P.O. Box Number is Not Acceptable) **DEUSIA** STE 1100 83 **COCONUT GROVE FL 33133** City Zip Code 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 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE D 1.1 TITLE Change Addition NAME ARBOLEYA, CARLOS J., JR. 1.2 NAME 2550 SOUTH DIXIE HIGHWAY STREET ADDRESS 1.3 STREET ADDRESS **COCONUT GROVE FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE Addition 21 TITLE 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Channe TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

FILED

14. I hereby certify that the information supplied with this filling do indicated on this annual report or supplemental annual report officer or director of the corporation or the receiver or trustee). s not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an impowered 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 attack

STREET ADDRESS CITY-ST-ZIP