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

CITY - ST-ZIP

SIGNATURE:

FILED FLORIDA DEPARTMENT OF STATE Jan 15 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name (9)S37922 FALLS WAREHOUSE, INC. Principal Place of Business Mailing Address 13977 SW 140TH ST 13977 SW 140TH ST MIAMI FL 33186 MIAMI FL 33186 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/11/1991 2a. Mailing Address 4. FE! Number Applied For 2. Principal Place of Business 65-0253376 Not Applicable 26 21 \$8.75 Additional Suite, Apt, #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Zip Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name DAWSON, RICHARD T. 13977 SW 140TH ST Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33186** 83 84 City 85 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 ed when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. ___ Change ___ Addition 1.1 TITLE DELETE TITLE DAWSON, RICHARD T 1.2 NAME NAME 13977 SW 140TH ST 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 2.1 TITLE TITLE 22 NAME 2.3 STREET ADDRESS STREET ACCRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3,3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP

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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered 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 or an attachment with an address.

SIGNATURE: