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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S41001 (6)

Principal Place of Business	Mailing Address
3620 S.W. 4TH STREET MIAMI FL 33135	3620 S.W. 4TH STREET MIAMI FL 33135
	A ANTI- Address A
2. Principal Place of Business	2a. Mailing Address
2. Principal Place of Business	28. Mailing Adoress

FILED Mar 16 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/27/1991 4, FEI Number Applied For 65-0252920 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Zip Country 8. This corporation owes or has paid the current year Intaggible Personal Property Tax due June 30. Yes 25 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LARRALDE, BERNARDO L. 3620 S.W. 4TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 83 84 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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ☐ Addition TITLE 1.1 TITLE LARRALDE, BERNARDO L. NAME 1.2 NAME 3620 S.W. 4TH ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-74P 1.4 CITY-ST-ZIP DELFTE Change Addition TITLE 21 TITLE NAME LARRALDE, HILDA R. 2.2 NAME STREET ADDRESS 3620 S.W. 4TH ST. 2.3 STREET ADDRESS MIAMI FL 2. 4 CITY-ST-ZIP CITY - \$1 - 71P DELETE Change Addition 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 4. 2 NAME MREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CAN-ST-ZIP DELETE 5.1 TITLE Change Addition 5.2 NAME nēti address 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition 6 2 NAME ALET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-7IP

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 suppliemental 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 equip attachment with an address.

SIGNATURE:

ualde

CR2E034 (10/97