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FILED PROFIT Jan 17 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthem ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS **DOCUMENT # \$41304** FECHA. INC. Principal Place of Business Mailing Address 3911 SOUTHWEST 67TH AVENUE 3911 SOUTHWEST 67TH AVENUE MIAMI FL 33155 MIAMI FL 33155-3710 3. Date Incorporated or Qualified 3a. Date of Last Report 03/27/1991 06/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0306614 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 6. Election Campaign Financing \$5.00 May Be 23 П 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Florida Statutes Yes No 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DIAZ-PADRON, CARLOS DIAZ-PADR-~ CARLOS Street Address (P.O. Box Number is Not Acceptable) 301 ALMERIA AVENUE 82 **SUITE 315** CORAL GABLES FL 33134 83 Zip Code 33 / 40 84 RAL 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. Stor alies, typed or per line range of registered agout and ten if applicable INOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ,12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change Addition TITLE DELETE 1.1 TITLE FERIS, MIGUEL E. NAME 1.2 NAME 3911 SW 67 AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE 211005 Change ☐ Addition NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZtP 2. 4 CITY-ST-ZIP TOTALE DELETE 3.1 TOTLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY ST-ZIP 3.4. CITY - ST-ZIP DELETE TIFLE Addition 41 TITLE Change NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 City - ST - ZIP DELETE TITLE 51 TITLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 54 CITY - ST - ZIP DELETE TITLE 6 1 TITLE Change Addition NAM: 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS C-TY-ST-2iP 64 CITY-ST-ZIP 14. I do 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 on an attachment with an address.