FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # S60639 (9) R & LC PROPERTIES HOLDING CORP. Principal Place of Business Mailing Address 901 PONCE DE LEON BLVD. 901 PONCE DE LEON BLVD. DO NOT WRITE IN THIS SPACE CORAL GABLES FL 33134 **CORAL GABLES FL 33134** 3. Date Incorporated or Qualified 06/17/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 65-0683815 Suite, Apt #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 23 28 Country Zıp Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LOPEZ-CASTRO, AMADEO, III 901 PONCE DE LEON BLVD. 62 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 City

FILED Apr 17 1998 8:00am Secretary of State

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Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Zip Code

☐ Yes

Not Applicable

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, typied or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TIFLE 1 1 TITLE RODRIGUEZ, MARIO J 1.2 NAME NAME STREET ADDRESS 8150 S.W. 8TH STREET 1.3 STREET ADDRESS MIAMI FL 33144 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 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 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE 5.1 TITLE Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 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 of 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 in the corporation of the corporation

SIGNATURE: