FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMEN . · · CORPORATION Car Tail Fill rinam FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 DEC 28 AM 8: 27 DOCUMENT # 57,695 SECRETARY OF STATE TALLAHASSEE, FLORIDA BROTHERS OF BROOKLYN MANAGEMENT CO. INC. N.W. 154 St. INC BROTHERS OF BROOKLY N.W. 154 St. 15478-NW 7TH COUNT FL 33016 MIA. FL. 33016 DO NOT WRITE IN THIS SPACE orated or Qualified Applied For 65-0102710 Not Applicable 26 Suite, Apt #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes or has paid the current year Intangible Zip Zip Country □ No Yes Personal Property Tax due June 30 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) res Doing RD +213 83 Zip Code 84 City 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 e of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12.. ☐ Change ☐ Addition 11 TITLE 800002730168-*--*0 12 NAME NAME -01/05/99--01036--022 1.3 STREET ADDRESS STREET ADDRESS ****150 00 ****150 00 Change Addition 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE 22 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP - Criange Addition DELETE: 3 1 TITLE TITLE 3 2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP Change ☐ Addition DELETE 4 1 TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

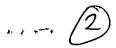
SIGNATURE:

Block 12 or Block 13 if changed

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/98 984 983 1767

BROTHERS OF BROOKLYN



15478 N.W. 77TH COURT MIAMI LAKES, FL 20342 N.W. 2ND AVENUE MIAMI, FL 33\G BROTHERS MANAGEMENT COMPANY

August 25, 1998

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

re: Brothers of Brooklyn Management Co. Inc.
Document # S70695

Gentlemen:

We are in receipt of the 2nd notice to file the Corporation Annual Report for the above mentioned company. We were unable to remit the report by May 1, 1998 due to a severe illness that required me to be hospitalized. I am the sole owner of the business and was unable to tend to this matter. I have been in business since 1987, and have always submitted the reports on a timely basis. Therefore, I kindly request that the late fee of \$ 400.00 be abated due to the unforeseen circumstances.

Very truly;

AL Spieler President