FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 08 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (9) TONY TAMAYO & ASSOCIATES INC. Principal Place of Business Mailing Address 8014 W. 18TH CT. HRALEAH FL 33014 8014 W. 18TH CT. HIALEAH FL 33014 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/20/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0282965 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 26 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent TAMAYO, TONY Name 8014 WEST 18TH CT. Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33014 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agrint and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TOLE ☐ Change Addition TAMAYO, TONY NAME 1.2 NAME 8014 W. 18TH CT. STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Change Addition 2.1 TITLE TAMAYO, MARIA NAME 2.2 NAME 8014 W. 8 CT. STREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL CITY ST ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 City-St-ZiP TITLE ☐ DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition

6.2 NAME

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 or supplimental 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 feceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or the state timent with an address.

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NAME

STREET ADDRESS