FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mort ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (9) RAPID CUSTOM SIGNS, INC. Principal Place of Business Mailing Address 7920 N.W. 103 STREET 7920 N.W. 103 STREET HIALEAH GARDENS FL 33016 HIALEAH GARDENS FL 33016 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/18/1991 Mailing Address 86/8 N.W 2. Principal Place of Business 4. FEI Number Applied For 8018 N.W. 65-0288190 Not Applicable Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent VAZQUEZ, MIGUEL A. ROBERTO CURBELO 82 Street Address (P.O. Box Number is Not Acceptable) 7920 N.W. 103 STREET HIALEAH GARDENS FL 33016 83 City Zip Code 85 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or bots, in the State of Florida. Such change was authoriz agent. I am priller with, and accept the obligations of, Section 607.0505, Florida St bove-named corporation submits this statement for the purpose of changing its registered d by the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE me of registered agent and title if applicable Agent signature required when reinstating) Regist ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13 DELETE Change ___ Addition TITLE VAZQUEZ, MIGUEL A. NAME 7920 N.W. 103 ST. STREET ADDRESS REET ADDRESS HIALEAH GDNS. FL TY - ST - 21P CITY-ST-ZIP DELETE 21 Change Addition TITLE ſLE **CURBELO, ROBERTO** NAME MF 7920 N.W. 103 ST. STREET ADDRESS REET ADDRESS HIALEAH GDNS, FL CITY-ST-ZIP ITY-ST-ZIP DELETE Change Addition TITLE 3 1 TIF 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 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 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 an attachment with an address

STREET ADDRESS

CITY-ST-ZIP