FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED FLORIDA DEPARTMENT OF STATE Jan 15 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (4)V10705 SURVEYORS, INC. Principal Place of Business Mailing Address 2300 NW 94 AVE. 2300 NW 94 AVE. 203 203 DO NOT WRITE IN THIS SPACE MIAMI FL 33172 MIAMI FL 33172 HS 3. Date incorporated or Qualified 01/31/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0317379 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zìp Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CABRERA, NELSON 14525 SW 152N TERR Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33177 83 84 City 85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change ___ Addition NAME CABRERA, NELSON 1.2 NAME 14525 SW 152 TERR. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33177 1.4 CITY - ST - ZIP City-ST-ZiP Change TITLE DELETE 2.1 TITLE Addition NAME CABRERA, VILMA 2.2 NAME 14525 SW 152 TERR. STREET ADDRESS 2.3 STREET ADDRESS IAMI FL 33177 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change ___ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS S.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change ___ Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

SIGNATURE:

14. I hereby certify that the information supplied with this indicated on this annual report or supplemental and officer or director of the corporation or the receiver's Block 12 or Block 13 if changed, or on an attachmen

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

- IGNAT

iRED

DELETE

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information of and accurate and that my signature shall have the same legal effect as if made under oath; that I am an obverted to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

☐ Change

Addition

E034