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

**FILED PROFIT** May 20 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **19**98 DIVISION OF CORPORATIONS DOCUMENT # (8)G. & S. DEVELOPMENT CORP. Mailing Address Principal Place of Business 224 W FLAGLER STREET 224 W FLAGLER STREET MIAMI FL 33130 MIAMI FL 33130 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/31/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0348983 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & Stato 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible Yes 25 29 30 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HANNON, SAMUEL J 224 W FLAGLER STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33130** 83 84 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Type disciposite financia of conjectured agent and the diapple able [NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRI CTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE HANNON, WILLIAM S. 1.2 NAME NAME 224 W. FLAGLER ST. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 C(1Y - S1 - Z(P DELETE Change Addition 21 THE TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition 3 1 117LE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4111111 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY+ST-ZIP 4.4 CITY - ST - ZIF DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIF CITY - ST - ZIP TITLE ☐ DELETE 6.1 HILLE ☐ Change Addition 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

14. 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 supplied under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address. 05/01/98 (305) 371-2129 CIGNATURE.

CITY-ST-Z#