

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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # V14389 (3)
1. Corporation Name
FELROK II, INC.



Principal Place of Business
1 WEST FLAGLER STREET
SUITE 830
MIAMI FL 33131
US

Mailing Address
1399 SW FIRST AVENUE
THIRD FLOOR
MIAMI FL 33130
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	1001 Brickell Bay Drive	02/17/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27	# 1400	65-0314510	
City & State		City & State		Applied For	
23		28	MIAMI, FLA.	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ - \$8.75 Additional Fee Required	
24		29	33131	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be 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			
DIX, GARY 1001 SOUTH BAYSHORE DRIVE SUITE 1400 MIAMI FL 33131				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				1001 BRICKELL BAY DRIVE			
				83 Suite 1400			
				84 City			
				MIAMI			
				FL 85 Zip Code			
				33131			

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

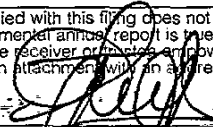
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	ROK, NATAN R.			1.2 NAME			
STREET ADDRESS	7495 NW 48 ST.			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	FELDENKREIS, GEORGE			2.2 NAME			
STREET ADDRESS	7495 NW 48 STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME				3.2 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			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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)(f), 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 on an attachment with an address.

SIGNATURE: X  GEORGE FELDENKREIS

x 1-13-98 x (305) 92-2230

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-800-352-2230

CR2E034 (10/97)