FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jan 30 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mort ANNUAL REPORT Secretary of State Secretary of Sta DIVISION OF CORPORATIONS 1998 DOCUMENT # V27173 (6) RATINER, REYES & O'SHEA, P.A. Principal Place of Business Mailing Address 1101 BRICKELL AVE. 1101 BRICKELL AVE. SUITE 1601 SUITE 1601 DO NOT WRITE IN THIS SPACE MIAMI FL 33131-3104 MIAMI FL 33131-3104 UŞ 3. Date Incorporated or Qualified 04/08/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0324493 21 Not Applicabl Suite Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution 23 Added to Fees Zip Country Zip buntry 8. This corporation owes or has paid the current year Intangible ☐ Yes 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RATINER, ROBERT 1101 BRICKELL AVE Street Address (P.O. Box Number is Not Acceptable) **SUITE 1601** 83 MIAMI FL 33181 84 City 85 Zip Code above-named corporation submits this statement for the purpose of changing its registered ed by the corporation's board of directors. I hereby accept the appointment as registered 1 Pursuant to the provisions of Se office or registered agent, or hange was autho SIGNATURE ed Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETE Change Addition TITLE RATINER, ROBERT NAME NAME CR2E034 1101 BRICKELL AVE., SUITE 1601 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE REYES, ANGEL NAME 1101 BRICKELL AVE., SUITE 1601 STREET ADDRESS 3 STREET ADDRESS MIAMI FL 4 CITY - ST- ZIP CITY - ST - ZIP DELETE Addition TITLE 1 TITLE Change NAME 2 NAME STREET ADDRESS 3 STREET ADDRESS 4. CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 1 TITLE Change Addition NAME 2 NAME STREET ADDRESS 3 STREET ADDRESS 4 CITY - ST-ZIP CITY - ST - ZIP DELETE Addition TITLE 1 TITLE Change NAME 2 NAME 3 STREET ADDRESS STREET ADDRESS 4 CITY - ST - ZIP CITY-ST-ZIP DÉLETÉ Change Addition TITLE 5.1 TITLE NAME 2 NAME STREET ADDRESS 3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY - ST - ZIP

NAT/2 写 REQUIRED

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 changes or on an attachment with an address. 1/22/98 374-8110