FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Mar 30 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1, Corporation Name (9)MASSES-VALERA & ASSOCIATES, P.A. Principal Place of Business Mailing Address 13164 S.W. 19 TRR. P.O.BOX 14-3111 MIAMI FL 33175 CORAL GABLES FL 33114 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/16/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0399349 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible X Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name MASSES-VALERA, MARIO **13164 SW 19TH TERRACE** Street Address (P.O. Box Number is Not Acceptable) **B2 MIAMI FL 33175** 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. I am familiar with the statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the statement for the purpose of changing its registered agent. I am familiar with the statement for the purpose of changing its registered agent. I am familiar with the statement for the purpose of changing its registered agent. I am familiar with the statement for the purpose of changing its registered agent. I am familiar with the statement for the purpose of changing its registered agent. I am familiar with the statement for the purpose of changing its registered agent. I am familiar with the statement for the purpose of changing its registered agent. I am familiar with the statement for the purpose of changing its registered agent. I am familiar with the statement for the purpose of changing its registered agent. I am familiar with the statement for the purpose of changing its registered agent. I am familiar with the statement for the purpose of changing its registered agent. I am familiar with the statement for the purpose of changing its registered agent. I am famil SIGNATURE signature required when reinstating) OF ICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Change Addition 1.1 TITLE TITLE MASSES-VALERA, MARIO 1.2 NAME NAME 995 S.W. 84TH AVE. # 304 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change __ Addition 2.1 TITLE TITLE MASSES-VALERA, MARIO, JR 2.2 NAME NAME 13164 SW 19TH TERRACE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change Addition TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change __ Addition TITLE 6.1 TITLE

14. Thereby 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 convertion or the eceiver or trustee employeered 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 prantate true if who an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP