FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT 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 # V30029 (5)GARMES INTERNATIONAL CORP. Principal Place of Business Mailing Address 7740 SW 89TH AVE 7740 SW 89TH AVE MIAMI FL 33173 MIAMI FL 33173 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 04/17/1992 2. Principal Place of Business 2a. Mailing Address 4. FE! Number Applied For Not Applicable 21 26 65-0344269 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes XNo Zip Country Zio Country 25 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GARCIA, CARLOS 3921 NW 5TH STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33126 83 84 City Zip Code \$607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provis 18 SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE GARCIA, CARLOS NAME 1.2 NAME 3921 NW 5TH STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33126 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change ___ Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS City-St-7iP 4.4 CITY-ST-ZIP

14. I hereby certify that the information supplied) with this Hiftig pose 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 suppliemental 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 receipter 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 attendment with an address

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

DELETE

☐ DELETE

SIGNATURE:

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

1/8/98

305-279-8809

Change

__ Change

10/01

CR2E034

Addition

☐ Addition