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

FILED PROFIT May 01 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # VEGA MANAGEMENT, INC. Principal Place of Business Mailing Address 5001 UNIVERSITY DR. 5001 UNIVERSITY OR. SUITE C SUITE C DAVIE FL 33328 DAVIE FL 33328 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/20/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0335585 Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional Г٦ 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name VEGA. MANUEL 5001 UNIVERSITY DR. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE C 83 **DAVIE FL 33328** City 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tille if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE ☐ Change ■ Addition VEGA, MANUEL NAME 1.2 NAME 5001 UNIVERSITY DR. #C STREET ADDRESS 1.3 STREET ADORESS DAVIE FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DFLETE Change Addition TITLE 2.1 THILE VEGA, LUISA M. NAME 2.2 NAME 5001 UNIVERSITY DR. #C STREET ADDRESS 2.3 STREET ADDRESS DAVIE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3 1 TITLE TITLE VEGA, LUISA M. 3.2 NAME NAME 5001 UNIVERSITY DR. #C STREET ADDRESS 3.3 STREET ADDRESS DAVIE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE Addition NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP 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)(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 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:

4.4 CITY - ST- ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TITLE

NAME

DELETE

DELETE

Change

Addition

___ Addition