FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** LLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V42630 COLONIAL CAPITAL CORP. Principal Place of Business Mailing Address 10241 SW 136TH STREET 10241 SW 136TH STREET MIAMI FL 33176 MIAM! FL 33176 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 06/10/1992 2a. Mailing Address 2. Principal Place of Business Applied For 21 26 65-0374760 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 30 Yes ΠNo 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KABATZNIK, CLIVE 10241 **\$W** 136TH ST 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33176** City 65 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 4 applicable (NOTE Registered Ageil signature required when reinstating) OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE ☐ Change TITLE KABATZNIK, CLIVE 1.2 NAME NAME 10241 SW 136TH STREET 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33176** 1.4 CITY, ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change TITLE 22 NAME NAME 2.3 STREE ADDRESS STREET ADDRESS 2. 4 CITY - 7 - ZIP CITY-ST-ZIP □ DELETE 3.1 TITLE Change TITLE 3.2 NAME NAME 3.3 STREE VODRESS STREET ADDRESS 3.4. CITY-1- ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change TITLE 4. 2 NAME NAME 4.3 STREEDORESS STREET ADDRESS 4.4 CITY - ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change TITLE 5.2 NAME NAME 5.3 STREEDDRESS STREET ADDRESS

5.4 CITY-

6.1 1011.8

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6.4 CITY

DELETE

14. Thereby certify that the information supplied with this filling does not qualify for the extended on this annual report or supplemental annual report is true and accurate and the officer or director of the corporation or the receiver or trustee empowered to execute this Block 12 or Block 13 if changed or on an attachment with an address.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

May 22 1998 8:00am Secretary of State



Zip Code ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 \_\_\_ Addition Addition Addition ☐ Addition ☐ Change 900002534589 -05/26/98--01022--030 \*\*\*150.00 n stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ny signature shall have the same legal effect as if made under oath; that I am an ort as required by Chapter 607, Florida Statutes; and that my name appears in