

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

FILED  
May 13 1998 8:00am  
Secretary of State

|                                             |                                                                                   |                                                                                                    |
|---------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # V 65565

1. Corporation Name

J & L S. WICKER STORE INC.

Principal Place of Business

6820 SW 9TH ST

PEMBROKE PINES FL 33023

Mailing Address

6820 SW 9TH ST

PEMBROKE PINES FL 33023

DO NOT WRITE IN THIS SPACE

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 3351 N FEDERAL HWY          | 26 3351 N FEDERAL HWY  |
| 22 Suite, Apt. #, etc.         | 27 Suite, Apt. #, etc. |
| 23 DELRAY BEACH FL             | 28 DELRAY BEACH FL     |
| 24 33483                       | 29 33483               |
| 25 USA                         | 30 USA                 |

3. Date Incorporated or Qualified

9 18 92

4. FEI Number

65-0362311

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ACOSTA, GERARDO  
6820 SW 9TH ST  
PEMBROKE PINES FL 33023

81 Name

ACOSTA, GERARDO

82

Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 or authorized representative

(NOTE: Registered Agent Signature required when reappointing)

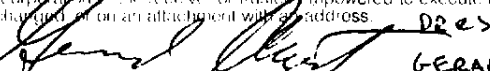
DATE

| 12. OFFICERS AND DIRECTORS |                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                       |
|----------------------------|-------------------|-------------------------------------------------------|-----------------------|
| TITLE                      | DPST              | 1.1 TITLE                                             | DPST                  |
| NAME                       | ACOSTA, GERARDO   | 1.2 NAME                                              | ACOSTA, GERARDO       |
| STREET ADDRESS             | 6820 SW 9TH ST    | 1.3 STREET ADDRESS                                    | 3351 N FEDERAL HWY    |
| CITY-ST-ZIP                | PEMBROKE PINES FL | 1.4 CITY-ST-ZIP                                       | DELRAY BEACH FL 33023 |
| TITLE                      | V                 | 2.1 TITLE                                             | DPV                   |
| NAME                       | ACOSTA, LINDA     | 2.2 NAME                                              | ACOSTA, LINDA         |
| STREET ADDRESS             | 6820 SW 9TH ST    | 2.3 STREET ADDRESS                                    | 3351 N FEDERAL HWY    |
| CITY-ST-ZIP                | PEMBROKE PINES FL | 2.4 CITY-ST-ZIP                                       | DELRAY BEACH FL 33023 |
| TITLE                      |                   | 3.1 TITLE                                             |                       |
| NAME                       |                   | 3.2 NAME                                              |                       |
| STREET ADDRESS             |                   | 3.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |                   | 3.4 CITY-ST-ZIP                                       |                       |
| TITLE                      |                   | 4.1 TITLE                                             |                       |
| NAME                       |                   | 4.2 NAME                                              |                       |
| STREET ADDRESS             |                   | 4.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |                   | 4.4 CITY-ST-ZIP                                       |                       |
| TITLE                      |                   | 5.1 TITLE                                             |                       |
| NAME                       |                   | 5.2 NAME                                              |                       |
| STREET ADDRESS             |                   | 5.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |                   | 5.4 CITY-ST-ZIP                                       |                       |
| TITLE                      |                   | 6.1 TITLE                                             |                       |
| NAME                       |                   | 6.2 NAME                                              |                       |
| STREET ADDRESS             |                   | 6.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |                   | 6.4 CITY-ST-ZIP                                       |                       |

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\*\*\*150.00

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 supplement to 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:

  
GERARDO ACOSTA

2 19 98 5617324389

CR2E034 (10/97)