FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Mar 13 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # V66702 PERLA-DAYANA ENTERPRISES, INC. Principal Place of Business Mailing Address 814 NORTH FEDERAL HIGHWAY 814 NORTH FEDERAL HIGHWAY HALLANDALE FL 33009 HALLANDALE FL 33009 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/28/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 21 65-0365061 Not Applicable 26 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 6. Election Campaign Financing Trust Fund Contribution П Added to Fees 23 28 Zip Zip Country Country 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KWITNEY, PAUL **420 LINCOLN ROAD** Street Address (P.O. Box Number is Not Acceptable) **SUITE 512** 83 MIAMI BEACH FL 84 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 title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ☐ Addition TITLE 1.1 TITLE DAVIS, LEA LALO 1.2 NAME NAME 3530 MYSTIC POINTE DR. #705 STREET ADDRESS 1.3 STREET ADDRESS AVENTURA FL 33180 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE ☐ Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7/P 4.4 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 ampowered 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 indirect.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

DELETE

DELETE

TITLE NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Change

Change

☐ Addition

Addition