FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 07 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (3)BOLANOS, INC. Principal Place of Business Mailing Address 1150 N.W. 72ND AVE. 8328 N.W. 201 TERR. MIAMI FL 33015 SUITE 307 DO NOT WRITE IN THIS SPACE MIAMI FL 33126 3. Date Incorporated or Qualified 10/13/1992 4. FEI Number 2, Principal Place of Business 2a. Mailing Address Applied For 65-0370845 26 Not Applicable Suito, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. ☐ Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **BOLANOS, PATRICIA** 8328 N.W. 201 TERR. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33015** 63 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stgestland, typed or pootest name of registeristings of and the diapple able (NOTE Registered Agent signature required when reinstating)

12. OF LICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE **BOLANOS, PATRICIA** NAME 1.2 NAME 8328 N.W. 201 TERR. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33015** CITY-S1-ZIP 14 CITY - ST-ZIP DELFTE ☐ Change Addition 21 TALE TITLE **BOLANOS, GUSTAVO** 22 NAME NAME 8328 N.W. 201 TERR.5 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33015 2 4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY-ST-ZIP DETETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filling 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 eath; 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 13 if charged of an an alta-diment with an address

SIGNATURE: X

Patricia Bolaitos 3/2498 705 494-9533