02201999-90006-029-\$150.00-\$150.00 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 自造 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION ANNUAL REPORT 29 KMR 22 MI 10: 14 Sacretary of State 1999 DIVISION OF CORPORATIONS DOCUMENT # 683048 TO A DESCRIPTION OF STATE AIVEPET INTERNATIONAL, INC. Principal Place of Business Mailing Address 200 S. PINE ISLAND RD. 200 S. PINE ISLAND RD. SHITE 200 SUITE 200 PLANTATION FL 33324 DO NOT WRITE IN THIS SPACE PLANTATION FL 33324 3. Date Incorporated or Qualified 08/25/1980 2. Principal Place of Business 2a. Mailing Address Applied For 59-2088003 21] Not Applicable Sime, Apl. #, etc. Suite. Apt. #, etc. \$8.75 Additiona 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 23 28 Added to Fees Country Country 8. This corporation owes the current year Intangible 25 29 30 Personal Property Tax. [] Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CRUZ, ALEJANDRINA G Street Address (P.O. Box Number is Not Acceptable) 701 S.W. 27TH AVENUE SUITE 655 83 MIAMI FL 33135 City 85 Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 Fiorida. 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 II applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TILE ☐ Change MAR VELAZCO, WINSTON CRZE034 C O 200 SOUTH PINE ISLAND RD SUITE 200 13 STREET ADDRESS STREET ADDRESS PLANTATION FL CITY-ST-ZIP 14 CFY-ST-ZIP DELETE 2.1 INTLE Change [ Addition TITLE MALE 2.2 NAME 23 STREET ADDRESS STREET ADDRES 2.4 CITY-ST-23P CITY-ST-25 DELETE Change - Addition TITLE SITITLE 32 NAME STREET ADDRESS 3.3 9TREET ADDRESS CITY-8T-ZP 34.00Y-81-ZIP DOLETE Change Addition NAME 4 2 NAME 4 3 STREET ADDRESS STREET ADDRESS 44 CITY ST-ZIP CTTY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5 2 NAME 5 3 STREET ADORESS STREET ADDRESS 54 CHY-51-70 &1 TITLE TITLE DELETE Change Addition NWE 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-57-7P 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 his raport as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 dre Block 13 if changed, prop an attackment with an address, with all lore like empowered.

VELAZED Lan

154.4755533

WINSTON

SIGNATURE: