2000 UNIFORM BUSINESS REPORT (UBR) FILED May 08, 2000 8:00 am Secretary of State DOCUMENT # P98000050941 1. Entity Name LUCYANN CORP. 05-08-2000 90101 005 ***150.00 Mailing Address Principal Place of Business 8970 S.W. 85TH TERRACE 6970-S.W., 65TH TERRACE MIAMI FL_33173-4533 MIAMI-FL-99173 2. Principal Place of Business 3. Mailing Address 10 Edgewater Dr Edge water DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 65-0850850 oral Gables Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Strept Address (P.O. Box Number is Not Acceptable) JOHNSON, CHARLES TH 201 S. BISCAYNE BOULEVARD MIAMLCENTER MIAMLEL 33131 FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE A ed Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Change Change ☐ Delete TITLE TITLE METZLER, LUCYANN metaler Lucyann NAME STREET ADDRESS 8970-S.W., 85TH-TERRACE STREET ADDRESS 10 Edge water Drive CITY-ST-ZIP CITY-ST-ZIP MIAMI-FL-33173 ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY_STU7IP CITY-ST-ZIP ☐ Addition Change TITLE Delete_ __ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS City-ST-7IP CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER