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

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State
04-23-1999 90055 030 ***150.00

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DOCUMENT # **P98000082388**

1. Corporation Name
~~FINOPRINT CORPORATION~~ FINOWEAVING CORPORATION

Principal Place of Business
C/O MICHAEL ORTIZ, P.A.
2665 SOUTH BAYSHORE DRIVE #902
MIAMI FL 33133

Mailing Address
C/O MICHAEL ORTIZ, P.A.
~~2665 SOUTH BAYSHORE DRIVE #902~~
~~MIAMI FL 33133~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/22/1998

2. Principal Place of Business
21 c/o MIchael Ortiz, P.A.
Suite, Apt. #, etc.
22 328 Minorca Ave, 2 FL
City & State
23 Coral Gables, FL
Zip 24 33134 Country 25 USA

2a. Mailing Address
26 c/o Michael Ortiz, P.A.
Suite, Apt. #, etc.
27 328 Minorca Ave, 2nd FL
City & State
28 Coral Gables, FL
Zip 29 33134 Country 30 USA

4. FEI Number 65-0864549 — Applied For / Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes XKNo

9. Name and Address of Current Registered Agent
ORTIZ, MICHAEL
~~2665 SOUTH BAYSHORE DRIVE~~
~~SUITE 902~~
~~MIAMI FL 33133~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 328 Minorca Ave., 2nd Floor
83
84 City Coral Gables, FL 85 Zip Code 33134

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] Michael Ortiz 4/9/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Yidi, Carlos	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP	6942 NW 50 St., Miami, FL	1.4 CITY-ST-ZIP	
TITLE	P, D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Yidi, Andres	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP	6942 NW 50 St., Miami, FL	2.4 CITY-ST-ZIP	
TITLE	VP,D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Yidi, Carlos E.	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP	6942 NW 50 St., Miami, FL	3.4 CITY-ST-ZIP	
TITLE	S,T,D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Yidi, William	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP	6942 NW 50 St.,Miami, FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED 4/9/99 (305) 470-2400
~~SIGNATURE AND~~ TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)