2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 23, 2000 8:00 am Secretary of State DOCUMENT # P96000008813 DYNAMIC PROMOTIONS & PREMIUMS, INC. 06-23-2000 90108 015 ***550.00 Principal Place of Business Mailing Address 50 W MASHLA DR #5 50 W. MASHTA DR. KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 00066186 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number 65-0642430 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SECOVIA, JUANITA 50 W MÁSHLA DR **KEY BISCAYNE FL 33149** 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition ☐ Delete TITLE TITLE CR2:E034. (9/ FERN ANGO NAME NAME FERNANDO ECHAVARRA STREET ADDRESS STREET ADDRESS 50 W. MASHTA DR. CITY-ST-ZIP CITY-ST-ZIP KEY BISCAYNE FL BIJCAYNE, ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE = - - - -- Change Addition TITLE ☐ Delete* NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP Change ☐ Addition Delete TITLE

13. Thereby 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 endowered 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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

5/30/00 P.O. 36/285