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

FILED PROFIT May 06 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)560306 ROGER BESU, P.A. Principal Place of Business Mailing Address 015 N.W. 67TH-AVE .. #484 . 815 N.W. 37TH AVE., #484~ MIAMI-FL 33126 MIAMI FL 83126-DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/23/1978 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1925 BRICKELL AVENUE 59-1805543 1925 BRICKELL AVENUE Not Applicable Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired D-206 D-206 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be MIAMI, FLORIDA MIAMI, FLORIDA Trust Fund Contribution Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 USA 29 33129 9. Name and Address of Current Registered Agent 25 30 USA Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 81 Name Besu. Roger 815 N.W. 57TH AVE. #484. Street Address (P.O. Box Number is Not Acceptable) 1925 BRICKELL AVENUE MIAMI FL 331281 83 SUITE# D-206 City Zip Code 33129 MÍ AMI 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, am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. 4120148 SIGNATURE diname of registered agent and title if applicable (NOTE: Registered Agent signature required when rolnstating) DATE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PTD PTD DELETE TITLE 11 TITLE **BESU. ROGER** BESU, ROGER 1.2 NAME 815 N.W. 57TH AVE., #484 1925 BRICKELL AVENUE, SUITE D-206 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL MIAMI, FL 33129 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TO LE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$T-ZIP 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 TITE F DELETE Change Addition 6.1 TITLE NAME 6.2 NAME

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 13 if changed, or on an attachment with an address. CIGNATURE. 1-20-08 305/851-6363

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP