FILE NOW: FILING FEE IS \$61.25

NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 99 OCT -8 AM 8: 35 DOCUMENT #7/3/033 The Optimist Club of MIRAMAR, INC. Principal Place of Business Mailing Address 6040 SW23 ST 6040 SW 23 St MIRAMAR MIRAMAR 90150044861.25 2. Principal Place of Business 2a. Mailing Address SAME same 26 Suite, Apt #, etc. Suite, Apt. #, etc. Applied For Not Applicable 22 City & State City & State \$8.75 Additional 5. Certificate of Status Desired Fee Required 23 Country Country Žιρ 6. Election Campaign Financing \$5.00 May Be 25 30 29 **Trust Fund Contribution** Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MARINO TAMMY VIRA 2040 SN 67 QUE 82 Street Add 83 MIZAMAR FI 33023 85 Zip Code 330/1 MIÄMI 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. 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 analyzed the obligations of, Section 617.0503. Florida Statutes.

SIGNATURE

SIGNATURE

SIGNATURE ICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE President 1.1 TITLE ☐ Change NAME 1.2 NAME CR2E037 ChrisFerrer 1005 SW69Lane 1.3 STREET ADDRESS STREET ADORESS MIRAMAR F1 33023 1.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE TITLE 2.1 TITLE Change Addition DANJO ARRAYO EL 4131 OpenWay Caper City FL NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 33026 CITY-ST-ZIF 2.4 CITY-ST-ZIP Vice President ☐ DELETE THUE 31 TITLE ☐ Change Addition NAME Jorge Alonso 3.2 NAME 7724 Grandviaw Blow. STREE' ADDRESS 3.3 STREET ADDRESS F1 33025 MIRAM AR 3.4. CITY-ST-ZIP CITY-ST-ZiP ☐ DELETE 11716 4.1 TITLE Change Addition Treasurer MARINOTOCKENS NAME 4. 2 NAME 18160 NO 68 AC 4112 4.3 STREET ADDRESS STREET ADDRESS MIAMI F4 33015 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE THILE 5.1 TITLE Change Addition Director Angel Accorde 52 NAME 5.3 STREET ADDRESS STREET ADDRESS pen broke Pines F1 5.4 CITY-ST-ZIP CITY-ST-ZIE DELETE 6.1 TITLE TITLE ☐ Change Addition | Secretary D 6.2 NAME Debbie Ferrer NAME STREET ADDRESS

CITY-ST-ZP

MIRAMAR F2 33023

63. STREET ADDRESS

64. CITY-ST-ZP

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 projector or trustee ampowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or a fachment with plantages with all other like empowered. STREET ADDRESS 305-545-4045 SIGNATURE: