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

NON - PROFIT CORPORATION ANNUAL REPORT

1999

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

99 APR 14 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 728049

1. Corporation Name

Up Front Inc.

(Tax Exempt # 23-08-326188-56C)

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5701 Biscayne Blvd. Suite 9 PH Miami, FL 33137	5701 Biscayne Blvd. Suite 9 PH Miami, FL 33137

3. Date Incorporated or Qualified: 1973

2. Principal Place of Business	2a. Mailing Address
21 5701 Biscayne Blvd.	26 5701 Biscayne Blvd.
Suite Apt. #, etc. 22 9 PH	Suite, Apt. #, etc. 27 9 PH
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip / Country 24 33137 25 USA	Zip / Country 29 33137 30 USA

4. FEI Number: 59-1508595 — ☐ Applied For ☐ Not Applicable

5. Certificate 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 ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Kim Greene
82 Street Address (P.O. Box Number is Not Acceptable): 5701 Biscayne Blvd.
83 Suite 9 PH
84 City: Miami, 85 Zip Code: FL 33137

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: Kim Greene — Kim Greene, Chair — 4/13/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P Kim Greene 5701 Biscayne Blvd # 9PH Miami, FL 33137 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 200002854212--2 -04/27/99--01099--004 *****28.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Dr. Juan Sanchez Ramos 5701 Biscayne Blvd # 9PH Miami, FL 33137 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S James N Hall 5701 Biscayne Blvd # 9PH Miami, FL 33137 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Dr. Bryan Page 5701 Biscayne Blvd # 9PH Miami, FL 33137 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: James N. Hall — James N. Hall Secretary — 4/13/99 — 305-757-2566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #