**FILE NOW: FILING FEE IS \$61.25** NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 95 MAR 22 PM 2: 11 DOCUMENT # 732070 ELGLETARY OF STATE Futura Villas Condominium No S, Inc. Principal Place of Business Mailing Address 7011 Sub 24 Street 13964 NE 2 (DURT MITAINAY, FL 33023 Miami FL 33161 2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualifed 7011 510 Suite, Apt. #, etc. 13964 NE 2 COURT Suite, Apt. #, etc. Applied For Not Applicable City & State City & State \$8.75 Additional 5. Certificate of Status Desired Miami MINamak Fee Required Country Country \$5,00 May Be 6. Election Campaign Financing 25 しろ Trust Fund Contribution Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Kimbuly D. Bobinsen 7011 SW ZU SKEET Street Address (P.O. Box Number is Not Acceptable) 82 83 Miramar, FL 33023 84 85 Zip Code 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, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and lide if applicable (NOTE Registered Agent signature required when remaiding) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE NAME Surabidy D But xasco Kimberly D. Robinson 13004 NE 3 Court STREET ADDRESS 13 STREET ADDRESS TON Scol zy Street Miramar, FC3300 MI AINI , FL 3314! 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE TITLE 21 TITLE 22 NAME NAME Veronica Russell STREET ADDRESS 2 3 STREET ADDRESS 13960 NE REL Miami, FL 33161 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE [] Change [] Addition TITLE 3 1 TITLE 2000002824672--NAME 3.2 NAME SOCQUEIN AICKIS -03/31/99--01009--012 3.3 STREET ADDRESS STREET ADDRESS BAIGINI PL \*\*\*\*61.25 \*\*\*\*61,25 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 41 TITLE James Thornau 4 2 NAME NAME BAUXENE 2 COURT 4.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP DELETE [ ] Addition Change TITLE 51TITLE 5 2 NAME 53 STREET ADDRESS STREET ADDRESS 5.4 City - ST- ZiP CITY SE ZIP DELETE 61 TITLE Addition []Change TITLE

CITY-ST-ZIP 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 informatio 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 617, 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.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

NAME

STREET ADDRESS

3/16/99 (35) Payting Program 455 Y