FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 FILED PROFIT . FLORIDA DEPARTMENT OF STATE Jun 13 1997 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State . • Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # 91340 L'ATELIER D'ARI Principal Place of Business Mailing Address 2a. Mailing Address Applied For Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be LORID Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199,032, Yes Florida Statutes Current Registered Agent 10. Name and Address of New Registered Agent Namo MHOS Stefanevic 6614 Hampton Cir 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code 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 Signature typed or printed name of registered agent and title if applicable en reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE ☐ Change ☐ Addition NAME 1.2 NAMI 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - 7IP CITY - ST - ZIF 2 1 TITLE Change Addition TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST - ZIE

TITLE 311111 Change Addition 3 2 NAME NAME STREET ADDRESS 3.3 STREET ADORESS CITY - ST - ZIP 3 4. CITY - S1 - ZIP DELETE 4 1 TITLE Change Addition TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CHTY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE 500002214445 -06/17/97--01042--001 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS ***165.00 6.4 CHY-ST-7/P

14. I do 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.

SIGNATURE: MILOS STEFELOVICE SIGNATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICE OF DIRECTOR

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\$27/97