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SIGNATURE: DOUGLAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR BARECTOR

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris Apr 29, 1999 8:00 am ANNUAL REPORT Secretary of State Secretary of State SIVISION OF CORFORATIONS 1999 DOCUMENT # L 57863 04-29-1999 90206 001 ***150.00 st World Plastica, Inc 33584 - 4513 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable Suite, Apt. #, etc. Suite, Apt. # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees ~-Country Country Zip-8. This corporation owes the current year Intangible ☐ Yes **MNO** 25 29 30 Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BROWN Doug LAS Street Address (P.O. Box Number is Not Acceptable) 1137 Oakhill /A 83 1. Here 78 33584 84 City Zip Code 85 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. I at this address name of registered agent and title if applicable: (NOTE Repor DATE FOR CHIE CR2E034 (11/98) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1 1 TITLE Change Addition 1.2 NAME __I AUDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ST-ZIP DELETE ☐ Change ☐ Addition 22 NAME 2.3 STREET ADDRESS ST-ZIF 2.4 CITY-ST-ZIP ☐ DELETE 3.1 TITLE Change Addition 3,2 NAME I ADDRESS 3.3 STREET ADDRESS ST-ZIF 3.4. CITY-ST-ZIP Addition ☐ DELETE 4.1 TITLE Change 4, 2 NAME 4.3 STREET ADDRESS : ADDRESS 4.4 CITY-ST-ZIP ST-ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 1 ADDRESS 5.4 CITY-ST-ZIP ST-ZIF 61 TITLE ☐ DELETE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS # ADDRESS 6.4 CITY-ST-ZIP Library 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 for 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

813 - 653 - 2832 Daytima Phone #