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

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP TITLE

NAME

TITLE NAME

FILED Feb 13 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (4) MIAVEN INTERNATIONAL, INC. Principal Place of Business Mailing Address **% SERGIO F. QUINTERO** % SERGIO F. QUINTERO 9201 SW 45TH TER 9201 SW 45TH TER DO NOT WRITE IN THIS SPACE MIAMI FL 33165 MIAMI FL 33165 3. Date Incorporated or Qualified 05/29/1990 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-0196804 Not Applicable 21 Suite, Apt. #, etc. Suito, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zιρ Country 8. This corporation owes or has paid the current year Intangible Yes Yes ☐ No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name QUINTERO, SERGIO F. 9201 SW 45TH TER 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33165 83 В4 City Zip Code 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 abligations of, Section 607.0506, Florida Statutes. SIGNATURE Signature, Egood or protecting a self-register is a protect and filled upper about (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. OF ICERS AND DIRECTORS DELFTE Change Addition 1.1 TITLE TITLE QUINTERO, SERGIO F. 1.2 NAME NAME 9201 SW 45TH TER STREET ADDRESS 1.3 STREET ADDRESS MIAMI FI. CITY-S1-ZIP 1.4 CITY-ST-ZIP DELFTE Change Addition TITLE 21 TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELFTE ☐ Change ■ Addition 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY - ST - ZIP CHTY-ST-ZIP Change DELETE Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

14. Thereby 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 animal report is supplied an an advantage 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 fursitie empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 13 if changed, or open stately ment with an address.

4.4 CITY-ST-ZIP

5 4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6 1 TITLE

6.2 NAME

DELETE

DELETE

Change

Change

Addition

Addition