COR ANNU	ROFIT PORATION AL REPORT 999			rine Har	r <b>is</b> te	FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90214 046 ***158.75					
OCUN Corporation 3270-74		/46945									
ncinal Place	of Bueinges		M	ailing Address							
rincipal Place of Business O RAFAEL V. PADILLA B3 WEST 16TH AVE. ALEAH FL 33012			C/( 638	C/O RAFAEL V. PADILLA 6383 WEST 16TH AVE. HIALEAH FL 33012			DO NOT WRITE IN THIS SPACE				
							3. Date Incorporate 02/18/1987	d or Qualifed		······	
Principal Pl	ace of Business		2a.	Mailing Address 6912 W	EST 2	25 LANE	4. FEI Number - 59-2783296				blied For Applicable
Suite Apt-1	#- etc		·	Suite Apt # etc			5. Certifcate of Sta	us Desired	X		
City & State	8		27	City & State 33016		DADE	6. Election Campai			\$5.00	May Be
Zip	Cou	untry	28	Zip	Coi	untry	Trust Fund Cont 8. This corporation		ent year In	Added to tangible	D Fees
	25 0. Name and As	Idress of Current I	29	torod Agont	30		Personal Proper 10. Name and Add		enistered		□No
	<u>9. Name and Ac</u> ILLA, RAFAEL V.	diess of current i	Regia	Lened Agent		81 Name	To. Hame and Add	633 OF 1181 14	ugister ud	- Agen	
6383	WEST 16TH AVE	INUEE				82 Street Add	tress (P.O. Box Number		,		
HIAL	EAH FL 33012	Sections 607 0502	and 6	07.1508, Florida Stat	utes, the a	83 84 City	poration submits this stat	ement for the	FL ourpose o	f changing its	registered
HIAL Pursuant t office or re agent. I ar	EAH FL 33012 to the provisions of s egistered agent, or b m familiar with, and	Sections 607.0502 both, in the State of accept the obligatio	Floricons of,	la. Such change was , Section 607.0505, F	authorized Iorida Stat	83 84 City bove-named cor d by the corporat tutes.	poration submits this stat	ement for the	F1 purpose o t the appo		registered
HIAL Pursuant t office or re agent. I ar	EAH FL 33012 to the provisions of a egistered agent, or b m familiar with, and Signature, typed or printed	Sections 607.0502 both, in the State of accept the obligatio	Floricons of,	la. Such change was , Section 607.0505, F if applicable. (NO CTORS	authorized Iorida Stat	83 84 City above-named cor d by the corporat	poration submits this stat	ement for the hereby accep	FL purpose o t the appo DATE	f changing its intment as rec ND DIRECTO	registered jistered RS IN 12
HIAL Pursuant t office or re agent. I ar NATURE	EAH FL 33012 to the provisions of a egistered agent, or b m familiar with, and Signature, typed or printed DPTS	Sections 607.0502 both, in the State of accept the obligation name of registered agent a OFFICERS AND	Floricons of,	da. Such change was , Section 607.0505, F (fapplicable. (NO	authorized lorida Stat TE: Registered 13.	83 84 City above-named cor d by the corporat tutes.	poration submits this stat tion's board of directors. red when reinstating)	ement for the hereby accep	FL purpose o t the appo DATE	f changing its intment as reg	registered istered
HIAL Pursuant t office or re agent. I ar NATURE	EAH FL 33012 to the provisions of segistered agent, or to m familiar with, and Signature, typed or printed DPTS PADILLA, RAFAE 6368 WEST 16T	Sections 607.0502 both, in the State of accept the obligation name of registered agent a OFFICERS AND CL V.	Floricons of,	la. Such change was , Section 607.0505, F if applicable. (NO CTORS	authorized Iorida Stat TE: Registered 13. 1.1 TF 1.2 N	83 84 City above-named cor d by the corporat tutes.	poration submits this stat tion's board of directors. red when reinstating)	ement for the hereby accep	FL purpose o t the appo DATE	f changing its intment as rec ND DIRECTO	registered istered
HIAL Pursuant t office or re agent. I ar NATURE ET ADDRESS ST-ZIP	EAH FL 33012 to the provisions of s egistered agent, or b m familiar with, and Signature, typed or printed DPTS PADILLA, RAFAE	Sections 607.0502 both, in the State of accept the obligation name of registered agent a OFFICERS AND CL V.	Floricons of,	Ia. Such change was Section 607.0505, F If applicable. (NO CTORS DELETE	authorized lorida Stat TE: Registered 13. 1.1 Tr 1.2 N/ 1.3 ST 1.4 Cl	83 84 City above-named cor d by the corporatives. 1 Agent signature required TRE AME TREET ADDRESS TTY-ST-ZIP	poration submits this stat tion's board of directors. red when reinstating)	ement for the hereby accep	FL purpose o t the appo DATE	A changing its intment as reg	RS IN 12
HIAL Pursuant t office or re agent. I ar NATURE ET ADDRESS ST-ZIP	EAH FL 33012 to the provisions of segistered agent, or to m familiar with, and Signature, typed or printed DPTS PADILLA, RAFAE 6368 WEST 16T	Sections 607.0502 both, in the State of accept the obligation name of registered agent a OFFICERS AND CL V.	Floricons of,	la. Such change was , Section 607.0505, F if applicable. (NO CTORS	Authorized lorida Stat TE: Registered 13. 1.1 TT 1.2 NJ 1.3 ST	83       84       City       above-named cord       d by the corporative       I Agent signature require       THE       AME       TREET ADDRESS       TTY-ST-ZIP       TTLE	poration submits this stat tion's board of directors. red when reinstating)	ement for the hereby accep	FL purpose o t the appo DATE	f changing its intment as rec ND DIRECTO	registered jistered RS IN 12
HIAL Pursuant to office or re agent. I ar NATURE ET ADDRESS ST-ZIP	EAH FL 33012 to the provisions of segistered agent, or to m familiar with, and Signature, typed or printed DPTS PADILLA, RAFAE 6368 WEST 16T	Sections 607.0502 both, in the State of accept the obligation name of registered agent a OFFICERS AND CL V.	Floricons of,	Ia. Such change was Section 607.0505, F If applicable. (NO CTORS DELETE	authorized lorida Stat TE: Repistered 13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST	83       84       City       above-named cord       d by the corporative       additional and the corporative       d Agent signature require       THE       AME       TREET ADDRESS       TREET ADDRESS	poration submits this stat tion's board of directors. red when reinstating)	ement for the hereby accep	FL purpose o t the appo DATE	A changing its intment as reg	registered jistered RS IN 12
HIAL Pursuant t office or re agent. I ar NATURE ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	EAH FL 33012 to the provisions of segistered agent, or to m familiar with, and Signature, typed or printed DPTS PADILLA, RAFAE 6368 WEST 16T	Sections 607.0502 both, in the State of accept the obligation name of registered agent a OFFICERS AND CL V.	Floricons of,	Ia. Such change was Section 607.0505, F If applicable. (NO CTORS DELETE	authorized lorida Stat TE: Repistered 13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST	83       84       City       above-named cord       d by the corporative       above-named cord       d Agent signature require       THE       AME       TREET ADDRESS       TREET ADDRESS       TREET ADDRESS       TREET ADDRESS	poration submits this stat tion's board of directors. red when reinstating)	ement for the hereby accep	FL purpose o t the appo DATE	A changing its intment as reg	registered jistered RS IN 12 Addition
HIAL office or re agent. I ar NATURE ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	EAH FL 33012 to the provisions of segistered agent, or to m familiar with, and Signature, typed or printed DPTS PADILLA, RAFAE 6368 WEST 16T	Sections 607.0502 both, in the State of accept the obligation name of registered agent a OFFICERS AND CL V.	Floricons of,	Ia. Such change was Section 607.0505, F (repplicable. (NO CTORS DELETE DELETE	authorizer Iorida Stat 13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST 2.2 4 C	83       84       City       above-named cord       d by the corporative       above-named cord       d Agent signature require	poration submits this stat tion's board of directors. red when reinstating)	ement for the hereby accep	FL purpose o t the appo DATE	h changing its intment as reg	registered jistered RS IN 12 Addition
HIAL office or re agent. I ar NATURE ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS	EAH FL 33012 to the provisions of segistered agent, or to m familiar with, and Signature, typed or printed DPTS PADILLA, RAFAE 6368 WEST 16T	Sections 607.0502 both, in the State of accept the obligation name of registered agent a OFFICERS AND CL V.	Floricons of,	Ia. Such change was Section 607.0505, F (repplicable. (NO CTORS DELETE DELETE	authonzer lorida Stat 13. 1.1 π 1.2 Ν 1.4 Cl 2.1 π 2.2 Ν 2.3 Sl 2.4 Cl 3.1 π 3.2 Ν 3.3 Sl	83       84       City       above-named cord       d by the corporative       I Agent signature require       THE       AME       TREET ADDRESS       CTY-ST-ZIP       THE       AME       TREET ADDRESS       CTY-ST-ZIP       THE       AME       TREET ADDRESS       CTY-ST-ZIP       THE       AME       TREET ADDRESS	poration submits this stat tion's board of directors. red when reinstating)	ement for the hereby accep	FL purpose o t the appo DATE	h changing its intment as reg	registered jistered RS IN 12 Addition
HIAL office or re agent. I ar NATURE ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	EAH FL 33012 to the provisions of segistered agent, or to m familiar with, and Signature, typed or printed DPTS PADILLA, RAFAE 6368 WEST 16T	Sections 607.0502 both, in the State of accept the obligation name of registered agent a OFFICERS AND CL V.	Floricons of,	Ia. Such change was Section 607.0505, F (repplicable. (NO CTORS DELETE DELETE	authonzer lorida Stat 13. 1.1 π 1.2 Ν 1.4 Cl 2.1 π 2.2 Ν 2.3 Sl 2.4 Cl 3.1 π 3.2 Ν 3.3 Sl	83       84       City       above-named cord       d by the corporative       I agent signature require       THE       AME       TREET ADDRESS       CITY-ST-ZIP	poration submits this stat tion's board of directors. red when reinstating)	ement for the hereby accep	FL purpose o t the appo DATE	h changing its intment as reg	RS IN 12
HIAL office or re agent. I ar NATURE ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	EAH FL 33012 to the provisions of segistered agent, or to m familiar with, and Signature, typed or printed DPTS PADILLA, RAFAE 6368 WEST 16T	Sections 607.0502 both, in the State of accept the obligation name of registered agent a OFFICERS AND CL V.	Floricons of,	Ia. Such change was Section 607.0505, F If applicable. (NO CTORS DELETE DELETE DELETE	authonzer lorida Stat 13. 1.1 TT 1.2 NJ 1.4 CI 2.1 TT 2.2 NJ 2.2 AC 3.1 TT 3.2 NJ 3.3 ST 3.4 CC 3.4 CC	83       84       City       above-named cord       d by the corporative       Idgent signature require       THE       AME       TREET ADDRESS       CITY-ST-ZIP       THE	poration submits this stat tion's board of directors. red when reinstating)	ement for the hereby accep	FL purpose o t the appo DATE	f changing its intment as reg ND DIRECTOR Change  Change  Change	RS IN 12
HIAL office or re agent. I ar NATURE ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS	EAH FL 33012 to the provisions of segistered agent, or to m familiar with, and Signature, typed or printed DPTS PADILLA, RAFAE 6368 WEST 16T	Sections 607.0502 both, in the State of accept the obligation name of registered agent a OFFICERS AND CL V.	Floricons of,	Ia. Such change was Section 607.0505, F If applicable. (NO CTORS DELETE DELETE DELETE	authonzer Iorida Stat TE: Registered 13. 1.1 TT 12 N/ 13 SI 1.4 CI 2.1 TT 2.2 N/ 2.3 SI 2.4 C 3.1 TT 3.2 N/ 3.3 SI 3.4 C 4.1 TT 4.2 N/ 4.3 SI	83       84       City       above-named cord       d by the corporativities.       I Agent signature requirements       ITLE       AME       TREET ADDRESS       TTY-ST-ZIP       ITLE       AME       TREET ADDRESS       CTY-ST-ZIP       ITLE       TREET ADDRESS       CTY-ST-ZIP	poration submits this stat tion's board of directors. red when reinstating)	ement for the hereby accep	FL purpose o t the appo DATE	f changing its intment as reg ND DIRECTOR Change  Change  Change	RS IN 12
HIAL office or re agent. I ar NATURE ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	EAH FL 33012 to the provisions of segistered agent, or to m familiar with, and Signature, typed or printed DPTS PADILLA, RAFAE 6368 WEST 16T	Sections 607.0502 both, in the State of accept the obligation name of registered agent a OFFICERS AND CL V.	Floricons of,	Ia. Such change was Section 607.0505, F If applicable. (NO CTORS DELETE DELETE DELETE	authonzer Iorida Stat TE: Registered 13. 1.1 TT 12 N/ 13 SI 1.4 CI 2.1 TT 2.2 N/ 2.3 SI 2.4 C 3.1 TT 3.2 N/ 3.3 SI 3.4 C 4.1 TT 4.2 N/ 4.3 SI	83       84       City       above-named cord       d by the corporative       integration       above-named cord       above-named cord       integration       above-named cord       above-named cord       above-named cord       integration       integratin       integration    <	poration submits this stat tion's board of directors. red when reinstating)	ement for the hereby accep	FL purpose o t the appo DATE	f changing its intment as reg ND DIRECTOR Change  Change  Change	RS IN 12
HIAL office or re agent. I ar NATURE ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	EAH FL 33012 to the provisions of segistered agent, or to m familiar with, and Signature, typed or printed DPTS PADILLA, RAFAE 6368 WEST 16T	Sections 607.0502 both, in the State of accept the obligation name of registered agent a OFFICERS AND CL V.	Floricons of,	Ia. Such change was Section 607.0505, F If applicable. (NO CTORS DELETE DELETE DELETE	authonzer Iorida Stat 13. 11. TT 12.NJ 13.ST 14.CC 21.TT 22.NJ 23.ST 24.CC 31.TT 32.NJ 33.ST 34.CC 41.TT 4.2.NJ 43.ST 51.TT 52.NJ	83       84       City       above-named cord       d by the corporative       integration       above-named cord       above-named cord       above-named cord       integration       above-named cord       above-named cord       integration       integratin       integration    <	poration submits this stat tion's board of directors. red when reinstating)	ement for the hereby accep	FL purpose o t the appo DATE	f changing its intment as reg ND DIRECTOI Change  Change  Change  Change  Change	RS IN 12
HIAL office or re agent. 1 ar NATURE ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS	EAH FL 33012 to the provisions of segistered agent, or to m familiar with, and Signature, typed or printed DPTS PADILLA, RAFAE 6368 WEST 16T	Sections 607.0502 both, in the State of accept the obligation name of registered agent a OFFICERS AND CL V.	Floricons of,	Ia. Such change was Section 607.0505, F If applicable. (NO CTORS DELETE DELETE DELETE	authonzer lorida Stat 13. 11. TT 12.NJ 13.ST 14.CC 21.TT 22.NJ 23.ST 24.CC 31.TT 32.NJ 33.ST 34.CC 41.TT 4.2.NJ 43.ST 51.TT 52.NJ 53.ST	83       84       City       above-named cord       d by the corporatives.       I Agent signature requirements       TREET ADDRESS       TTV-ST-ZIP       TTLE       AME       TREET ADDRESS       CITY-ST-ZIP       TTLE       AME       TREET ADDRESS       TTY-ST-ZIP       TTLE       AME       TREET ADDRESS       TTY-ST-ZIP       TTLE       AME       TREET ADDRESS       TTY-ST-ZIP	poration submits this stat tion's board of directors. red when reinstating)	ement for the hereby accep	FL purpose o t the appo DATE	f changing its intment as reg ND DIRECTOI Change  Change  Change  Change  Change	RS IN 12
HIAL Pursuant t office or re agent. I ar NATURE E ET ADDRESS ST-ZIP E ET ADDRESS ST-ZIP E E ET ADDRESS ST-ZIP E E E T ADDRESS ST-ZIP	EAH FL 33012 to the provisions of segistered agent, or to m familiar with, and Signature, typed or printed DPTS PADILLA, RAFAE 6368 WEST 16T	Sections 607.0502 both, in the State of accept the obligation name of registered agent a OFFICERS AND CL V.	Floricons of,	Ia. Such change was Section 607.0505, F If applicable. (NO CTORS DELETE DELETE DELETE	authonzer lorida Stat 13. 11. TT 12.NJ 13.ST 14.CC 21.TT 22.NJ 23.ST 24.CC 31.TT 32.NJ 33.ST 34.CC 41.TT 4.2.NJ 43.ST 51.TT 52.NJ 53.ST	83       84       City       above-named cord by the corporatives.       1 Agent signature requirements       TILE       AME       TREET ADDRESS       CITY-ST-ZIP       TILE       AME       TREET ADDRESS       JTY-ST-ZIP       TILE       AME       TREET ADDRESS       JTY-ST-ZIP	poration submits this stat tion's board of directors. red when reinstating)	ement for the hereby accep	FL purpose o t the appo DATE	f changing its intment as reg ND DIRECTOI Change  Change  Change  Change  Change	registered istered
HIAL Pursuant t office or re agent. I ar	EAH FL 33012 to the provisions of segistered agent, or to m familiar with, and Signature, typed or printed DPTS PADILLA, RAFAE 6368 WEST 16T	Sections 607.0502 both, in the State of accept the obligation name of registered agent a OFFICERS AND CL V.	Floricons of,	Ia. Such change was Section 607.0505, F If applicable. (NO CTORS DELETE DELETE DELETE DELETE DELETE	authorizer Iorida Stat 13. 1.1 TT 1.2 N/ 1.3 SI 1.4 CI 2.1 TT 2.2 N/ 2.3 SI 2.2 C/ 3.1 TT 3.2 N/ 3.3 SI 3.4 CC 4.1 TT 4.2 N/ 4.3 SI 5.4 CI 5.1 TT 5.2 N/ 5.3 SI 5.4 CI 6.1 TT 6.2 N/	83       84       City       above-named cord by the corporatives.       1 Agent signature requirements       TREET ADDRESS       TTY-ST-ZIP       TTLE       AME       TREET ADDRESS       CITY-ST-ZIP       TTLE       AME       TREET ADDRESS       ITY-ST-ZIP       TTLE       AME       TREET ADDRESS       ITY-ST-ZIP	poration submits this stat tion's board of directors. red when reinstating)	ement for the hereby accep	FL purpose o t the appo DATE	f changing its intment as reg ND DIRECTO Change     Change     Change     Change     Change	RS IN 12 Addition
HIAL Pursuant t office or re agent. I ar NATURE E ET ADDRESS ST-ZIP E E ET ADDRESS ST-ZIP E E E E ADDRESS ST-ZIP E E E E ADDRESS ST-ZIP	EAH FL 33012 to the provisions of segistered agent, or to m familiar with, and Signature, typed or printed DPTS PADILLA, RAFAE 6368 WEST 16T	Sections 607.0502 both, in the State of accept the obligation name of registered agent a OFFICERS AND CL V.	Floricons of,	Ia. Such change was Section 607.0505, F If applicable. (NO CTORS DELETE DELETE DELETE DELETE DELETE	authonzer Iorida Stat 13. 1.1 TT 1.2 N/ 1.3 SI 1.4 CI 2.1 TT 2.2 N/ 2.2 C/ 3.1 TT 3.2 N/ 3.3 SI 3.4 CC 4.1 TT 4.2 N/ 3.3 SI 3.4 CC 5.1 TT 5.2 N/ 5.3 SI 5.4 CI 6.1 TT 6.2 N/ 6.3 SI	83       84       City       above-named cord by the corporatives.       1 Agent signature requirements       TILE       AME       TREET ADDRESS       CITY-ST-ZIP       TILE       AME       TREET ADDRESS       CITY-ST-ZIP       TITLE       AME       TREET ADDRESS       TY-ST-ZIP       TITLE	poration submits this stat tion's board of directors. red when reinstating)	ement for the hereby accep	FL purpose o t the appo DATE	f changing its intment as reg ND DIRECTO Change     Change     Change     Change     Change	RS IN 12 Addition

Relative	Reaffice	5
SIGNATURE AND TYPED OR PRINTED NAME OF SH	SNING OFFICER OR DIRECTOR	

(PRESEDEN) 4/13/9 505/822-1859 Date Dation Dation Phone #