CORPO ANNUAL	PROFIT DRATION L REPORT		FLORIDA DEPAR Sandra B Secretar DIVISION OF C	TMENT OF STATE  Mortham  y of State  CORPORATIONS				
OCUM Corporation N LEONAR	ENT # N940 RDI DA VINCI FOUNDA	00003 A:0.U) NOITA	•	)		ı Banın Balılı <b>2015a</b> i	(A) (B) (B) (B)	ini <b>didi</b> 1 <b>4.1</b> 1
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incipal Place of Business Mailing Address  101 PONCE DE LEON BLVD. P.O. BOX 441883								
01 PONCE DE ORAL GABLES			FL 33144					<u> </u>
					3. Date Incorporated or Qualified 08/15/1994	3a. Date of 08	Last Rep <b>/25/19</b> 9	ort <b>5</b>
Principal Plac	e of Business	2a. Mai	ling Address		4. FEI Number 65-0537017		<del></del>	lied For Applicable
Suite, Apt. #.		26 Suit	e, Apt. #, etc		Certificate of Status Desired		8.75 Ad	Iditional
Suite, Apr. +,	BIC.	27			6. Election Campaign Financing		Fee Requ	
City & State		28	& State		Trust Fund Contribution		Added to	Fees
Zip	Country 25	Zip 29		Country	8. This corporation has liability for Florida Statutes      10. Name and Address of New Re	Yes No	0	99.002,
1101 PO	MARCELO E DNCE DE LEON BLVD. GABLES FL 33134			82 Street Add	tress (P.O. Box Number is Not Acceptal	DIE)		
1101 PO CORAL	ONCE DE LEON BLVD. GABLES FL 33134	7.0502 and 617.1 State of Florida S	508, Florida Statu iuch change was	83 84 City		FL <sup>8</sup>	- [	
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MANUAL PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE:

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