SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/08: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

COR ANNU	NPROFI RPORATI JAL REP 1998	ОN		FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS												
DOCUI 1. Corporation	MENT Name	#	N960000													
PROPHETIC POSSIBILITIES, INC.										( <b>11</b> ((11))	HID ABIND BINKI BOY	11 <b>00</b> 111 <b>00</b>	141 <b>19</b> 11 <b>1</b> 1	LADA 1491 <b>4</b> 45 <b>01</b>	# 41 <b>38</b> # 1811 # 1851	
Principal Place	e of Busines		Mailing Address					_								
11782 N KENDALL DR				11762 N KENDALL DR					-	3. Date incorpo	prated or Qual	ified				_
SUITE 164 MIAMI FL 33186				SUITE 184 Miami Fl 33186						04/19/19						_
US				U\$						4. FEI Number 65-0668	864			<b>—</b>	Applied For Not Applicable	
2. Principal Place of Business				2a. Mailing Address						5. Certificate of		ed [			Additional	7
Suite, Apt. #, etc.				Sulte, Apt. #, etc.					6. Election Campaign Final			ing ,			Required May Be	$\dashv$
22 City & State	<del></del>				City & State				Trust Fund Contribution					Added to Fees		
3				28						7. Is this nonprofit corporation a homeowners association?  Yes No						
Zip	Count		Country	y Zip		Cour 30				This corpora     Personal Pro	tion owes or h operty Tax due			entyear In Yes [	ntangible No	}
	9. Name	and	Address of Current F	· · · · · · · · · · · · · · · · · · ·	Agent	4	81	Mana		10. Name and A	<del></del>			Agent		$\exists$
DIEZ, SANTIAGO ESQ 1401 BRICKELL AVENUE #500 MIAMI FL 33131								Name Street Add	Idress	s (P.O. Box Numi	ber is Not Acc	eptable)	FL	85 Zip	Code	
11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.														7		
	Signature, typed	or prin	ad name of registered agent an		<u></u>		red Agen	nt signature re	berlupe	when reinstating)	LIANOEO TO		DATE	D DIDEOT		<u>اء</u>
12.	DP		OFFICERS AND	DIRECTO	DELETE	1.17	ITLE	A	A': >	ADDITIONS/C				Change		_ }
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indicated o an officer o in Block 12	on this annua or director of 2 or Block 13	the	mation supplied with the ort or supplemental an corporation or the receilanged, or on an attact	nual report iver or trus	t is true and accu tee empowered t	he exem rate and o execut	ption si that m e this r	itated in se by signatur report as r	ection re shi requir	n 119.07(3)(i), Flo all have the sam red by Chapter 6	orida Statutes. e legal effect 17, Florida St	I further as if madatutes; a	certify to de under that	hat the info r oath; that my name t	rmation I I am appears	
SIGNAT	URE: _	611	INATURE AND TYPED OR PR	HYED NAME	OF SIGNING OFFICER	OR DIREC	TOR			<u>;2</u>	Dale		De	ytime Phone #		