2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N97000006917 May 19, 2000 8:00 am Secretary of State FOREVER PRESENT PRODUCTIONS CORP. 05-19-2000 90053 003 ***158.75 Principal Place of Business Mailing Address 4867 S.W. 148TH COURT 4867 S.W. 148TH COURT MIAMI FL 33185-4057 **MIAMI FL 33185** 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0799235 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired X Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) ANTON, ALEJANDRO O 4867 S.W. 148TH COURT MIAMI FL 33185 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition ☐ Delete TITLE TITLE PD NAME ANTON, ALEJANDRO O STREET ADDRESS STREET ADDRESS 4867 S.W. 148TH COURT CITY-ST-ZIP CITY-ST-ZIF MIAMI_FL 33185 TITLE ☐ Change Addition Delete SD TITLE NAME ANTON, EDUARDO E NAME STREET ADDRESS STREET ADDRESS 6600 WEST 2ND COURT CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33102 ☐ Change ☐ Addition TITLE ☐ Delete TITLE TD NAME NAME VALDES, MERCEDES S STREET ADDRESS STREET ADDRESS 6581 WEST 12TH AVE. CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 ☐ Addition ☐ Change TITLE ☐ Delete RODRIGUEZ-ANTON. BEATRIZ NAME STREET ADDRESS STREET ADDRESS 4867 S.W. 148 CT. CITY-ST-ZIP CITY-ST-ZIF MIAMI FL 33185 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby 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 report or supplemental report is true 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackiment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

CITY-ST-ZIP

04-28-00 (305)225-8373