SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/90: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REMSTATE: \$230.26).

FILED NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris 99 OCT 19 PM 3: 08 ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # N98000004036 PALM BEACH CHAPTER OF THE UNITED NATIONS ASSOCIA TION OF THE UNITED STATES OF AMERICA, INC. Principal Place of Business Mailing Address 1 5TH AVENUE. SOUTH LAKE WORTH FL. 33460 1 5TH AVENUE. SOUTH LAKE WORTH FL 2005-33460 5/4/99 90101012 \$61.25 2. Principal Place of Business 2a. Malling Address 07/09/1998 21 26 4. FEI Number Suite. Apt. #. etc. Applied For Suite Ant # etc Not Applicable 27 22 City & State City & State \$8.75 Additional 5. Certificate of Status Desired Fee Required 28 23 Country Zip Country 6. Election Campaign Financing \$5.00 May Be 25 29 30 **Trust Fund Contribution** Added to Fees 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAMMAD, ZEINA 82 Street Address (P.O. Box Number is Not Acceptable) 1 5TH AVENUE, SOUTH 83 LAKE WORTH FL-88489 33460 84 Zip Code City 85 FI 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. SIGNATURE ered Agent signature required when reinstating) 68/30 Amb. Zeina F. HAMMAD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. ☐ DELETE ☐ Change TITLE 1.1 TITLE 1.2 NAME NAME No charle CR2E037 One Fifth Aves. Lake Worth Fl STREET ADORESS 1.3 STREET ADDRESS 33460 CITY-ST-ZIP 1.4 CITY-ST-ZIP Vice President / Director 2.1 TITLE Change ☐ Addition TITLE 2.2 NAME NAME Farout HAMMAD 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Change ☐ Addition TITLE 3.1 TITLE Secretory 1 Director NAME 3.2 NAME Munal! HAMMAD STREET ADDRESS 3.3 STREET ADDRESS S CITY-ST-ZIP 3.4. CITY-ST-ZIP 33460 □ DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City-st-zip CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE 52 NAME NAME **8.3 STREET ADORESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE DELETE Change ☐ Addition TITLE 62 NAME NAME KE 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 annual report or supplemental annual/seport is true and accurate and that thy 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 director and that the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the corporation or the receiver of the corporation or the receiver of the corporation of the receiver of the r

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAMO OFFICER OR DIRECTOR

SIGNATURE: