2001 UNIFORM BUSINESS REPORT (UBR) May 25, 2001 8:00 am Secretary of State DOCUMENT #POOCOOVY56V 1. Entity Name Visage Designs, Inc. 05-25-2001 90292 035 ***150.00 Principal Place of Business 15455 SW 75 Circle lane Mailing Address Blog 8 Ste 216 A0071866 Miami, Fl 33186 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1 313856 Not Applicable Zφ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name lora Elena Sanchez 5455 SW 75 circle lank Street Address (P.O. Box Number is Not Acceptable) 31dq #8 5te #716 miami, F1 33186 City Zip Code 8. The above named entity submits this statement for the purpose of changing its recistered office or registered agent, or both, in the State of Florida (NOTE: Reliastrood Agent signature required when reinstating) FILE NOW!!! I'EE IS \$150.00 9. This corporation is eligible to satisfy its fritangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY-1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check:Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. מטווווו הנטבכבנ ☐ Change ■ Addition Defete HILLE Nora Elena Sanchez NAME MAME STREET ADDRESS 15455 SW 75 Circle lane STREET ADDRESS miami, F1 33186 CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP ☐ Delete Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-S1-ZiP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete Title [Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY - ST-ZIP 13. Thereby 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 agnature 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 aquired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

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Division of Corporations P.O. BOX 6327 Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual reports fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **VISAGE DESIGNS**, **INC**. Thank you for your courtesy in this matter.

NORA ELENA SANCHEZ

PRESIDENT