FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 19, 2002 8:00 am Secretary of State P00000024661 DOCUMENT # 1. Entity Name 05-19-2002 90070 016 ***150.00 R.T. DESIGN STUDIO INC. Mailing Address Principal Place of Business 17 N.E. 39TH STREET 17 N.E. 39TH STREET MIAMI FL 33137 **MIAMI FL 33137** 3. Mailing Address 2. Principal Place of Business 74 NE 40TH STREET 14 NE 40TH STREET DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-1100162 Not Applicable FL MIAMI MIAMI \$8.75 Additional Country \Box Country 5. Certificate of Status Desired Fee Required 33137~ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARRASCO, RAUL CARRASCO, RAUL Street Address (P.O. Box Number is Not Acceptable) 17 N.E. 39TH STREET 74 NE 40TH STREET **MIAMI FL 33137** 3137 City MIAMI 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to says fy its hangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Added to Fees Tax filing requirement and elegis to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back)-ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. (9/01) ☐ Addition Change 💢 TITLE ☐ Delete TITLE CARRASCO, RAUL NAME CARRASCO, RAUL NAME 74 NE 40 TH STREET STREET ADDRESS 17 N.E. 39TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33137 MIAMI FL 33137 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 13. I hereby centry 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 perporation or the receiver or trustee empowered to execute this report as required 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 than the empowered.

SIGNATURE:

SIGNATURE AND TYPE