FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000098947 FILED 1. Entity Name 03 OCT 27 PM 1:37 MEMORIES INT'L, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 1455 NW 107 AVE. 16473 SW 50 TERR. Suite, Apt. #, etc. Suite, Apt. #, etc. **SUITE: 440** City & State City & State Applied For MIAMI, FL MIAMI, FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33172 33185 Fee Required 7. Name and Address of Current Registered Agent MIRIAM VERAS DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 16473 SW 50 TERR. 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. I am familiar with, and accept the obligations of registered agent. January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE TITLE (P/D) JULIO VERAS NAME NAM 16473 SW 50 TERR. STREET ADDRESS STREET ADDRESS MIAMI, FL 33185 CITY-ST-ZIP CDY-ST-ZP TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-709 TIT1E TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZP CITY-ST-ZIP IN THIS SPACE TITLE MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/1Y-S1-ZIP TITLE ΠLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAY-ST-ZP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 12. I hereby certify that the information supplied with this liting 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 account 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 607, Florida Statutes; and that my name appears in Block 10 or on an SIGNATURE: URE AND COPED O

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MEMORIES INT'L, INC.

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

ATTN: UBR SECTION

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH THIS LETTER OF EXPLANATION TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE BACK FROM YOUR OFFICE FOR THE 2003 UBR I SPOKE TO YOU AND I FOUND OUT THAT MY UBR WAS REJECTED DO TO THE SIGNATURE OF THE REGISTERED AGENT. I AM RESENDING THE UBR SINGED PROPERLY BY BOTH THE REGISTERED AGENT AND THE DIRECTOR/OFFICER. I WOULD LIKE FOR YOU TO PROCESS THIS AS SOON AS YOU CAN AND TO PLEASE WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

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CORDIALLY.

JULIO VERAS PRESIDENT