## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P18078 (6)CULTURAS DEL SOL, INC. Principal Place of Business Mailing Address 7311 NW 12 ST #5 7311 NW 12 ST #5 MIAM! FL 33126 MIAMI FL 33126 3. Date Incorporated or Qualfied 3a. Date of Last Report 02/19/1988 06/22/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number come Applied For same 26 52-1261771 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip 8. This corporation has liability for intangible tax under s. 199.032, Fiorida Statutes Yes No Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BECK, ROCHELLE Street Address (P.O. Box Number is Not Acceptable) 82 7311 NW 12TH ST 5 MIAMI FL 33143- 33126 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 troard of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE. Signature, typed or printed name of registered against and title if accounts CR2E034 (12/95) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THUE DELETE 1.17(1) ☐ Change ☐ Addition NAME BECK, ROCHELLE 1.2 NAME 7235 SW 54 AVE STREET ADDRESS 1.3 STREET ADORESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE [ ] DELETE 2 1 THE Change Addition NAME BORN, TERRY 2.2 NAME STREET ADDRESS 54 E. 11 STREET, 9TH FL 23 STREET ADDRESS NEW YORK NY CITY-ST-ZIP 24 OTY-ST-ZIP TITLE DELETE 3 1 TITLE Change Addition NAME BECK, SAMUEL 3.2 NAME 18 BRIGHTON 3RD RD STREET ADDRESS 3.3 STREET ADDRESS **BROOKLYN NY** CITY-ST-ZIP 3 4 CITY-ST-ZIP TITLE ☐ DELETE 4 1 TITLE Change Addition NAME BECK, CHARLOTTE 4.2 NAME STREET ADDRESS 18 BRIGHTON 3RD RD. 4.3 STREET ADDRESS CITY-S1-ZIP **BROOKLYN NY** 4.4 Orty - ST- ZIP TITLE DELETE 5 1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY - 51 - ZIP TITLE DELETE 6 1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6 4 CITY - ST - Z:P 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this a mual report or supplemental annual 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 provision or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

3/19/96

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on an attachment with a

appears in Block 12 or Block 13 if chan

SIGNATURE: