FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FILED FLORIDA DEPARTMENT OF STATE CORPORATION. Sandra B. Mortham 96 DEC -2 PH 3: 09 ANNUAL REPORT Secretary of State 1996 DIVISION OF COMPENSATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA P93000031662 (8) DOCUMENT # Corporation Name SONRISAS ELECTRONICS TWINS, III, INC. Principal Place of Business Mailing Address 119 EAST FLAGLER STREET REINSTATEMENT () 119 EAST FLAGLER STREET MIAMI FL 33131 MIAMI FL 33131 3. Date incorporated or Qualified 04/28/1993 02/01/1995 Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 21 65-0402655 28 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. erc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Zio Country 8. This corporation has liability for Intangible tax under s 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FELDMAN, SERGIO Street Address (P.O. Box Muntagen No Appendix) 119 EAST FLAGLER STREET MIAMI FL 33131 83 ****375.00 ****375.00 84 City Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 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 Poortion 907.0005. Florida Statutes. SIGNATURE Signature, typed or protestratine of requ PIOTE: Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1. 1 TITLE ☐ Change ☐ Addition FELDMAN, SERGIO NAME 12 NAME 119 EAST FLAGLER ST. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33131** CITY - ST - ZIP 1.4 City-ST-ZIP TITLE DELETE 2.1 TITLE ☐ Change ☐ Addition NAME 2.2 NAME REET ADDRESS 2.3 STREET ADDRESS 2.4 CITY - ST-ZIP DELETE 3. LTITLE ☐ Change Addition 32 NAME 3.3. STREET ADDRESS CITY? 3.4 CITY-ST-ZIP TITLE DELETE 4. 1 TITLE ☐ Change Addition | 4.2 NAUF STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5. 1 TITLE ☐ Change ☐ Addition Œ 52 NAME STREET ADDRESS 53 STREET ADDRESS LILY ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Addition

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 118.07(3)(4). Florida Statute I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or Uniformation indicated on this annual report as true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or Uniformation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an astuchmosphytic an address.

62 NAME

63 STREET ADDRESS 64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

IGRATURE AND TIPED OF PINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/16/96 1305) 579-9045