FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED **PROFIT** FLORIDA DEPARTMENT OF STATE Apr 29, 1999 8:00 am CORPORATION Katherine Harris ANNUAL REPORT Secretary of State Secretary of State 1999 DIVISION OF CORPORATIONS 04-29-1999 90284 014 ***150.00 DOCUMENT # P9400027167V SOUTH SHOPE INVESIMENTS LID. INC. 452551 - 90284 · 14 Principal Place of Business Mailing Address 9271 LEGARE STREET SAME. BOCA RATION, FL 33434 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 2. Principal Place of Business 2a. Mailing Address Applied For 65-0487586)AME Shove its Existant Not Applicable \$8.75 Additional 5. Certifcate of Status Desired П Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. 25 29 30 Yes □No 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent THRISTING, JOHN WHN R THRISTIND (P.O. Box Number is Not Acceptable)

ELPARE STREET 9271 LEGARE STREET 83 BOCA RAIDM, FI 33434 84 *3*343*4* 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 board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required who Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition THRISTINO, JOHN NAME 1.2 NAME 927/ legare ST Box A RATION, 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIF DELETE ☐ Change ☐ Addition TITLE 2.1 TITLE Cuadendo, EsTEllE NAME 2.2 NAME 9271 legARE 57 2.3 STREET ADDRESS Bora 2470n, P 2. 4 CITY-ST-ZIP DELETE Addition ☐ Change TITLE 3.1 TITLE CUADRADO, ESTEVIE 9271-LEGARE-STREET STREET ADDRESS 3.3 STREET ADDRESS BOCA RATION, FI 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE □ DELETE 4.1 TITLE Change __ Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition TITLE 51 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF 6.1 TITLE □ DELETE ☐ Change ☐ Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby 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 annual 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.