FILE NOW: FILING FEE AFTER MAY 1 IS \$ PROFIT ELORIDA DEPARTMEN OF STATE CORPORATION Sandra B. Mor ANNUAL REPORT Secretary of S 1996 DIVISION OF CORPO ATIONS P94000027518 (7) **DOCUMENT #** 1. Corporation Name INDEX, INC. Principal Place of Business Mailing Address 12398 SW 94TH LN 12398 SW 94TH LN MIAMI FL 33186 MIAMI FL 33186 3. Date Incorporated or Qualified 3a. Date of Last Report 04/08/1994 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0518368 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 22 5. Certificate of Status Desired \$8.75 Additional 27 \Box Fee Required Oity & State City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Added to Fees Z_{Φ} Country Country 8. This corporation has liability for intangible tax under s 199.032, 25 24 29 30 Florida Statutes Yes XNo 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EGO-AGUIRRE, MARIO H Street Address (P.O. Box Number is Not Acceptable) 82 12398 SW 94TH LN **MIAMI FL 33186** 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 familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Sky store, type is or protective to a collective tagent and the diapple, also (NOTE: Registered Agent signature required when remistating) 12. OFFICERS AND DIRECTORS 13. CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIFLE DEL ETE 1 1 TITLE ☐ Change Addition NAME EGO-AGUIRRE, MARIO H 1.2 NAME 12398 SW 94TH LN STREET ADDRESS. 1.3 STREET ADDRESS MIAMI FL 33186 14 CITY - ST - ZIP TABLE DELFTE 2 1 TITLE Change Addition NAME DEL PRADO, HERNANDO 2.2 NAME STREET ADDRESS 12398 SW 94TH LN 2.3 STREET ADDRESS MIAMI FL 33186 0:1Y 51-2IF 2 4 CITY - ST - ZIP THEF [] DELFTE 3.1 Title Change ■ Addition NAM 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS (+1Y -51-7)F 3 4 CITY - ST - ZIP 'HLF DELETE 4 1 LILE Change Addition NAME 42 N ME STREET ADDRESS (EE LADORESS CHY ST-ZIP 44 Y - \$1 - 2IP THE DELETE 5 Change ☐ Addition NAME 52 STREET ADDRESS 5 3 EET ADDRESS 6.11 - \$1 - ZiP 5 4 (-SI-7)P HILE DELETE 6 ☐ Change Addition NAME 62 STEEL ADDRESS 6 ELADORESS CHY SI-ZP 6.4 14. I do hereby certify that the info certify that the information in the eath, that I am an officer or fin d with this fiting is voluntarily furnished and inual report or supplemental annual report Paration or the receiver or trustee empow bes not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further true and accurate and that my signature shall have the same legal effect as if made under d to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or E an attachment with an address

SIGNATURE:

R PRINTED NAME OF