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

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

FILED Mar 24 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P94000046505 (1) NEW SUCCESS, INC. Principal Place of Business Mailing Address 1852 N.W. 20TH STREET 1852 N.W. 20TH STREET MIAMI FL 33142 MIAMI FL 33142 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/22/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0502004 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 30 24 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent ESQUENAZI, ISAAC-1852 NW 201H ST. 82 HHAMI FL 33142 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 ne State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered to obligations of, Section 607,0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) nd agent and title if a RS AND DIRECT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE ☐ Change Addition ESQUENAZI, ISAAC NAME 1.2 NAME 1852 NW-20TH STREET 1.3 STREET ADDRESS STREET ADDRESS viami FL 33142 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY-ST-ZIP Addition Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ Change DELETE 6.1 TITLE Addition TITL F

6.2 NAME

14. Thereby 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 to the corporation the recipied to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of man packets an address.

6.3 STREET ADDRESS 6.4 CITY - ST- ZIP