SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL 25 PM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000070658 (7)**

1. Corporate Name

JUVITEC, INC.

Principal Place of Business

15181 S.W. 113 ST.
MIAMI FL 33196

Mailing Address

15181 S.W. 113 ST.
MIAMI FL 33196

(c) Non-Profit Only This Space

3. Date Incorporated or Qualified: 09/26/1994

3a. Date of Last Report: INITIAL REPORT

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 65-0528133 — Applied For / Not Applicable

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State — 23

City & State — 28

6. ☐ — $5.00 May Be Added to Fees

Zip — 24 Country — 25 Zip — 29 Country — 30

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LUENGO, CARMEN T
15181 S.W. 113 ST.
MIAMI FL 33196

10. Name and Address of New Registered Agent

81 Name

82 (P.O. Box Numbers Not Acceptable)

83

84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.0508, 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

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LUENGO, CARMEN T
STREET ADDRESS	15181 S.W. 113 ST.
CITY, ST, ZIP	MIAMI FL 33196
TITLE	DS
NAME	LUENGO, VICTOR
STREET ADDRESS	15181 S.W. 113 ST.
CITY, ST, ZIP	MIAMI FL 33196

13.

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

900001545829
-07/25/95--01102--019
****225.00 ****225.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

14. I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief. I further certify that I am familiar with the provisions of Chapter 607, Florida Statutes, 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 of this report or attached with an address.

SIGNATURE: Carmen Luengo — 07/15/95

SIGNATURE AND TYPED OR PRINTED NAME OF MGR, OFFICER OR DIRECTOR

CF 2034 (3/95)

0070426 CP