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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION FILED Katherine Harris ANNUAL REPORT Secretary of State 317/129 MIII:45 1999 DIVISION OF CORPORATIONS DOCUMENT # P9400008 8 271 CESTEMARY OF STATE FILL BUSSEF, FLORIDA 8311 NORMANDY BEACH INC. Principal Place of Business Mailing Address 1111 KANG ENGLURSE MIAMI BEACH, FL 33164 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 16 2a. Mailing Address 2. Principal Place of Business Applied For 26 1001 BAPHELL BAY 65-0538868 21 1001 BRICKELL BAY DR. Sulto, Apt. #, etc. Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired 15 o£ 508 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be MIAMI FL FL MISMI Trust Fund Contribution 23 ^{Zip}33131 Country Country 8. This corporation owes the current year Intangible USA 33, 31 A2V 25 Personal Property Tax. ☐ Yes 0/1 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent EISINGER DENNIS, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BLUD 83 SUITE 265 S. 84 City 85 Zip Code HOLLY WOOD, FL 33021 FL 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 when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE DELETE 1.1 TITLE ☐ Change Addition FERRICEIO BELLI 12 NAME 000002861650---6; -05/04/99:--01043:-010 #1508 1001 BRICKELL BAY STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 38131 1.4 CITY-ST-ZIP <u>****150.00__****150.00</u> CITY-ST-ZIP DELETE 21 TITLE ☐ Addition TITLE ANGELO PIZZUTO NAME 22 NAME # 1508 1001 BRICHELL BAY DR. 2.3 STREET ADORESS STREET ADDRESS 33, 3, MIAMI FL 2.4 CITY-51-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3 I TILLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-5T-ZIP Change TITLE I DELETE 4 1 TITLE ☐ Addition 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST- SP DELETE Addition 5 1 TITLE TITLE 5 2 NAME NAME 53 STREET ADORESS STREET ADDITESS 54 CITY-ST-ZIP CITY-ST-ZIP [] DELETE 6.1 TITUE Chance Addition TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY-S1-ZIP CRY-\$1-2P 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 cath; 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.