* FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED **PROFIT** FLORIDA DEPARTMENT OF STATE May 15 1998 8:00am **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State **19**98 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name P95000014369 (9) MESSENGERS FROM HEAVEN, INC. Principal Place of Business Mailing Address 601 BRICKELL KEY DRIVE 601 BRICKELL KEY DRIVE SUITE 805 SUITE BOS MIAMI FL 33131 MIAMI FL 33131 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/21/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 621 Bricker 61 BRIDGE KEY OL 65-0559187 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 29 ☐ Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **ALLEN & GALEGO** 601 BRICKELL KEY DRIVE 82 SUITE 805 BNICKELL 83 MIAMI FL 33131 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; equil, 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. DICANO SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSD DELETE TITLE Change Addition 11 TIBLE NAME RIPSTEIN, JACQUELINE 1.2 NAME 601 BRICKELL KEY DRIVE STREET ADDRESS 1.3 STREET ADDRESS MIAM! FL 33131 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE Change Addition ALLEN, ROBERT N JR NAME 22 NAME STREET ADDRESS 601 BRICKELL KEY DRIVE 2.3 STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-S1-ZIP DELETE TITLE 5.1 TULE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition

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 suppliemental 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 composition and 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 chapter 6, or on an attraction ment with an address.

6.2 NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

CICALDO BAJANDA

6.3 STREET ADDRESS

Alsalas

(205) 272.050G