. FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED PROFIT** Apr 06 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name P95000016941 (3) UNIQUE CUSTOM MADE, INC. Principal Place of Business Mailing Address 3135 SW JATH STREET 3135 SW 14TH STREET MIAM! FL 33145 MIAMIFE 33145 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/01/1995 4. FEI Number Applied For 65-0560771 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing \Box Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible 9. Name and Address of Current Registered Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent Name HERNANDEZ, RAUL 3135 SW 14TH STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33145** 83 84 City 7.0502 and 607,7608. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered State of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered obligations of Section 607.0505, Florida Statutes. Pursuant to the pro-office or registered agent. I am famil SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition HERNANDEZ, RAUL NAME 1.2 NAME 3135 SW 14TH STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition HERNANDEZ, MAIRA NAME 2.2 NAME **3135 SW 14TH STREE** STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE Change ☐ Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. City-St-ZIP TITLE DELETE 4.1 TITLE Addition Change NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition NAME 5.2 NAME

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. | 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 of 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 changes, or on an attentional with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Addition