FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000041072 (6)

1. Corporation Name

1,2,3 BUSINESS, INC.

Principal Place of Business

1301 NW 89 CT. SUITE 204
MIAMI FL 33172

Mailing Address

1301 NW 89 CT. SUITE 204
MIAMI FL 33172

3. Date Incorporated or Qualified: 05/22/1995

3a. Date of Last Report:

4. FEI Number: 65-0582909 — ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☒ — $5.00 May Be Added to Fees

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

2. Principal Place of Business

21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address

26 1301 NW 89 Ct.
Suite, Apt. #, etc.
27 SUITE 218
City & State
28 Miami Florida
Zip 29 33172 Country 30 USA.

9. **Name and Address of Current Registered Agent**

MARTINEZ, INGRID
585 N.W. 100 CT.
MIAMI FL 33172

10. **Name and Address of New Registered Agent**

81 Name: WILMA RODRIGUEZ
82 Street Address (P.O. Box Number is Not Acceptable): 17100 SW 94 Av. # 506
83
84 City: MIAMI FL 85 Zip Code: 33156

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: Wilma Rodriguez PSTD. DATE

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when changing registered agent.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	☒ DELETE	1.1 TITLE	PSTD	☒ Change ☐ Addition
NAME	MARTINEZ, INGRID		1.2 NAME	WILMA RODRIGUEZ	
STREET ADDRESS	585 N.W. 100 CT.		1.3 STREET ADDRESS	17100 SW 94 Av.	
CITY-ST-ZIP	MIAMI FL 33172		1.4 CITY-ST-ZIP	Miami Fl. 33156	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
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	200001818442	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	-05/13/96--01037--037	
TITLE		☐ DELETE	5.1 TITLE	***[redacted] 205.00	☐ 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
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	5-1-96	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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.

SIGNATURE: WILMA RODRIGUEZ PSTD 04-30-96 305 232 2369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)