FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 6.4.96 B-6708 C

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

DOCUMENT # P95000050701 (8)

1. Corporation Name

MOVEMENT, INC.

Principal Place of Business	Mailing Address
2381 SW 11TH STREET MIAMI FL 33135	2381 SW 11TH STREET MIAMI FL 33135

3. Date Incorporated or Qualified: 06/28/1995
3a. Date of Last Report: N/A
4. FEI Number: 65-0591576 ☐ 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		2a. Mailing Address
21	2381 S.W. 11 STREET	26	SAME
22	Suite, Apt. #, etc.: N/A	27	Suite, Apt. #, etc.: N/A
23	City & State: MIAMI FLORIDA	28	City & State: SAME
24	Zip: 33135	29	Zip: SAME
25	Country: USA	30	Country: SAME

9. Name and Address of Current Registered Agent

PEREZ, EDUARDO M
2381 SW 11TH STREET
MIAMI FL 33135

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FL
85	Zip Code

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: EDUARDO M. PEREZ 05/31/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	EDUARDO M. PEREZ	
STREET ADDRESS	2381 SW. 11 STREET	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE	VICE PRESIDENT	☐ DELETE
NAME	EDUARDO DIAZ	
STREET ADDRESS	2018 SW 14 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE	SECRETARY/TREASURER	☐ DELETE
NAME	KARINA A. PAVONE	
STREET ADDRESS	1623 COLLINS. AVE #809	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Karina Pavone (SEC/TRES.) 05/31/96 (305) 715-9987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #