FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 17, 1999 8:00 am **PROFIT** FLORIDA DEPARTMENT OF STATE **Secretary of State** CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 05-17-1999 90047 007 ***158.75 DIVISION OF CORPOBATIONS 1999 DOCUMENT # P96000043826 PRIME BUSINESS, CORP. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 996 2a. Mailing Address 4. FEI Number Applied For Principal Place of Business 9 664 NW NW 36STRET 65-0666104 CIRCLE 8051 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5,-Certifcate of Status Desired SUITE 600 Fee Required SUITE City & State \$5.00 May Be City & State 6. Election Campaign Financing MiAMI Added to Fees Trust Fund Contribution Country Zin 8. This corporation owes the current year Intangible USA 33166 USA Yes □No 3324 25 29 Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name PAINA, Rodrigo P. Street Address (P.O. Box Number is Not Acceptable) 9464 NW 7 CIRCLE #1212 83 PLANTATION, FC Zip Code 84 City 33324 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 state of the purpose of changing its registered agent. I am familiar with, and state of the purpose of changing its registered agent. I am familiar with, and state of the purpose of changing its registered agent. I am familiar with, and state of the purpose of changing its registered agent. I am familiar with, and state of the purpose of changing its registered agent. I am familiar with, and state of the purpose of changing its registered agent. I am familiar with, and state of the purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent PAINA, Rod1 SIGNATURE of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS PVSTD DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE CR2E034 (PAJUA, RODRIGO P. 1.2 NAME NAME STREET ADDRESS 9004 NW 7 CIRUE # 12/2 1.3 STREET ADDRESS PLANTATION, FL 33324 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 31 TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-7IP CITY ST-ZIP ☐ Addition ☐ DELETE ☐ Change 4.1 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY, ST-ZIP Addition ☐ DELETE ☐ Change 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 6.1 TITLE TITLE 6.2 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. 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 attackment with an address, with all other like empowered.

SIGNATURE:

NAME

STREET ADDRESS

12.

PATUA, Rodino P.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP