FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 19, 2000 8:00 am Secretary of State DOCUMENT # P96000044432 1. Entity Name V.I.T. CREATION - EDITION, INC. 04-19-2000 90009 046 ***150.00 Principal Place of Business Mailing Address 747 LENDX AVENUE STE 1 747 LENOX AVENUE STE 1 833933 MIAMI BENCH FL:33139 MIAMI BEACH FL 33139-5935 Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 65-0667355 Not Applicable y chin MIAM Country \$8.75 Additional 5. Certificate of Status Desired 0406 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent D'HAUTHUILLE, ROTHMAN Street Address (P.O. Box N 747 LENOX AVENUE STE 1 MHAMI BEACH FL 33139 Zip Code 33 Mo- Zoll 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. -Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change TITLE TITLE ☐ Defete D'HAUTHUILLE, ELISE NAME STREET ADDRESS 747 LENOX AVENUE STE 1 STREET ADDRESS CITY-ST-7IP MIAMPBEACH FL 33139 CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition □ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE □ Detete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Daylime Phone #

13. 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 report or supplemental 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 11 or Block 12 if