FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION **FILED** Sandrı: B. Muzham ANNUAL REPORT Secretary of State Jun 04 1998 8:00 am **DIVISION OF CORPORATIONS** 1998 Secretary of State DOCUMENT # 197000004458 LIVING LOUP, INC. Principal Place of Business Mailing Address 923 ABTHUR GODSREY BOAD DO NOT WRITE IN THIS SPACE MIAMI BEACH FL. 33140 3. Date incorporated or Qualified 4. FEI Number 2. Principal Place of Business Applied For 2s. Mailing Address 65073529 ğ Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May & 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country Zio Country 8. This corporation owes or has paid the current year intangible 30 Personal Property Tax due June 30. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ROBERTO BIANCHI Street Address (P.O. Box Number is Not Acceptable) 423 ARTHUR GODFREY RD. City Zip Code BEALL FLORIDA WIAM 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 Bignature, typed or printed name of registered agent and ittle if applicable (NOTE: Registered Agent signature req OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. PRESIDENT DELETE Change Addition TITLE 1.1 TITLE RUSTRIS BIANCHI 1 2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE IIILE **70000255153** -06/08/98--01080--045 9 2 MARK NAME GEORGINA WPEZ .. 33160 2.3 STREET ADDRESS STREET ADDRESS ***150.00 423 CAST WIDT BEACH FL 2, 4 (STV - ST - 78P CITY ST-20 Addition DELETE Change 8.1 TITLE TITLE T P NAME MALE 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETÉ ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-20 4.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 required 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. CITY-ST-ZEP