SECOND NOTICE: CORPORÁTION WILL BE DISSOLVED ON OR AFTER SET NBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT QUE OF REMISTATE: \$750).

.PROFIT FLORIDA DEPARTMENT OF STATE **FILED** CORPORATION Sandra B. Mortham ANNUAL REPORT Oct 20 1998 8:00 am Secretary of State DIVISION OF CORPORATIONS 1998 Secretary of State p97000030377 DOCUMENT # Bue Mouse Designs Inc. Principal Place of Business Mailing Address 10292 NW 9Stclede Bell South apt 103 Migmi Pl DO NOT WRITE IN THIS SPACE Buildings. 3. Date Incorporated or Qualified 2. Principal Place of Business 2a. Mailing Address 4. FE! Number Applied For 65-0743475 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. 5. Cartificate of Status Desired. 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Algiandro J. Mendoza. 10292 UW \$ ST CIAde apt 103 Street Address (P.O. Box Number is Not Acceptable) Migmi Fl. 33172 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

Signature type of printed name of registry agent angular in applicable (NOTE Registered Agent signature required when reinstating)

DATE 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1,1 TITLE TITLE President Treasurer Alejandro J. Hendora NAME Rolando Hendoza. 1.2 NAME ters sw66 ct. Miami F1 - 33155 STREET ADDRESS 1.3 STREET ADDRESS 10292 N.W 9st circle apt 103 CITY-ST-ZIP 1,4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 3 1 TITLE 3.2 NAME NAME 800002671368---10/23/98--01074--009 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP \*\*\*\*550:00 \_\*\*\*\*\*55<u>0</u>-00. □ DELETE TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY ST-ZIP DELETE 5 1 TITLE Change Addition TITLE 5 2 NAME NAME 🔽 5.3 STREET ADDRESS STREET ADORESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE. 6.1 TITLE Change ☐ Addition TITLE 62 NAME NAME STREET ADDRESS 6 3 STREET ADDRESS 14. Thereby 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 the 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 certification or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: