FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE **FILED** CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 99 OCT ~6 AM II: 59 **DIVISION OF CORPORATIONS** 1999 DOCUMENT # P97000033831 SECRETARY OF STATE TALLAHASSEE. PLONGA 1. Corporation Name
Planet Gear, Inc Principal Place of Business Same 8405 N.W. 70 Street DO NOT WRITE IN THIS SPACE Miami, A 33166 3. Date incorporated or Qualifed 041 2. Principal Place of Business 2a. Mailing Address Number Applied For 8405 NW70 Street 21 8405 NW 70 street 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be Miami, Florida Trust Fund Contribution Added to Fees 33166 25 8. This corporation owes the current year Intangible 3166 130 29 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Luis Maloff Maloff 1431 Venetia Avenue 82 83 Coral Gables, El 33134US 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-nam office or registered againt, for both, in the State of Florida. Such change was authorized by the oragent. I am familiar with, and acceptance obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered again and title if applicable.

(NOTE Registered Again algorithms) above-named corporation submits this statement for the purpose of changing its registered of by the corporation's board of directors. I hereby accept the appointment as registered 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 President President Addition 11 TO E TITLE Luis Maloff 1431 venetia 1.2 NAME Nicolas Maloff NAME CR2E034 Avenue 1311 Lisbon STREET ADDRESS 1.3 STREET ADDRESS Coral Gables, FL Secretary Ruth Almendarez Coral Gables, FL 33134 CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE TITLE 2.2 NAME NAME B373 Lake Drive Apt 6504 Miami, FL 33166 STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-\$T-ZIP CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE 3.2 NAME 800003012928--4 STREET ADDRESS 3.3 STREET ADDRESS -10/12/99--01061--003 CITY-ST-ZIP 3.4. CITY-ST-ZIP *****61_25 ★★本本店1 25 「Change JAddition DELETE 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 81 TILE Change Addition TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

NICHOS MAJORF
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if prianged, of on an attachment with an address, with all other like empowered. 10/1/199 1513-4777