SIGNATURE:

FILED May 17, 1999 8:00 am Secretary of State **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 05-17-1999 90091 027 \*\*\*150.00 DOCUMENT # P97000385291 1. Corporation Name Corp. Inc. 7 9 6 9 579696 - 90020 - 21 Principal Flace of Business 1945 NW 116 Avenue Mailing Address Same Coral Springs, FL 33076 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 4-30-91 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 21 Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country Zip Country Zip 8. This corporation owes the current year Intaggible Personal Property Tax. 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Earline Santoro 4945 NW 116 Avenue Coral Springs, FL 33076 Street Address (P.O. Box Number is Not Acceptable) 82 В3 Zip Code City 11. Pursuant to the provisions of Sections #97.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, a more purpose of changing its registered agent, I am familiar with end accept the obligates of Section 607.0505, Florida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. KAESIDEH ☐ DELETE 1.1 TITLE TITLE Sartoro Earline 1.2 NAME NAME 11945 NW IIL AVENUE Caral Springs, FL 33076 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADORESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change OELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. City-st-zip CITY-ST-ZIP Addition DELETE 4.1 TITLE ☐ Change 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 51 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 6.1 TITLE □ OELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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 chapted or on an attachment with an address, with all other like empowered.

INTED NAME OF BIGNING OFFICER OR DIRECTOR