04/29/1999 17:07 FROM The Solano Group, PA TO

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000040090

1. Corporation Name

SUPREME RAGS CORP.

[redacted]

Principal Place of Business	Mailing Address
337 20 STREET SUITE # 200 MIAMI BEACH,FL 33139	337 20 STREET SUITE # 200 MIAMI BEACH,FL33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: MAY 06, 1997

2. Principal Place of Business (21): 782 NW LE JEUNE ROAD	2a. Mailing Address (26): 782 NW LE JEUNE ROAD	4. FEI Number: 65-0749709 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22): SUITE # 437	Suite, Apt. #, etc. (27): SUITE # 437	5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
City & State (23): MIAMI, FL	City & State (28): MIAMI, FL	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
Zip (24): 33126 Country (25):	Zip (29): 33126 Country (30):	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RENE B. LOPEZ 337 20 STREET SUITE # 200 MIAMI BEACH, FL 33139	81 Name: RENE B. LOPEZ 82 Street Address (P.O. Box Number is Not Acceptable): 782 NW LE JEUNE ROAD, 83: SUITE # 437 84 City: MIAMI, FL 85 Zip Code: 33126

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: Rene B. Lopez — MR. RENE B. LOPEZ — 4.29.99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/T/D	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	RENE B. LOPEZ		12 NAME		
STREET ADDRESS	337 20 STREET SUITE # 200		13 STREET ADDRESS	6904 ESSEX AVENUE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		14 CITY-ST-ZIP	SPRINGFIELD, VA 22150	
TITLE	S/D	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	ANA VILLA		22 NAME		
STREET ADDRESS	337 20 STREET, SUITE # 200		23 STREET ADDRESS	6904 ESSEX AVENUE	
CITY-ST-ZIP	MIAMI,BEACH, FL 33139		24 CITY-ST-ZIP	SPRINGFIELD, VA 22150	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rene B. Lopez — MR. RENE B. LOPEZ — 4.29.99 — (305) 441-2606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TOTAL P.04