FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT' Feb 25 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000041828 (9) EMPOWER MOBILITY SYSTEMS, INC. Principal Place of Business Mailing Address 2250 S.W. 3RD AVENUE FIFTH BLOOR MIAMI FL 33129 2250 3.W. 390 AVENUE FIFTH PLOOR MIAMI FL 33129 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/12/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 \$8.75 Additional Certificate of Status Desired 3914 NW Fee Required City & State \$5.00 May Be 8. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 33142 25 ÚSA USA Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Age Name and Address of New Registered Agent RAMOS, JORGE 2250 S.W. AND AVENUE City MIAMI 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. Thereby accept the appointment as registered agent. I am familiar with and agent the obligations of Section 607.0505, Florida Statutes. (NOTE Hugistered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change RAMOS ENRIQUE · A 3UDING3 NAME 1.2 NAME 2250 S.W AND AVENUE 3914 NW STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33129 IMAIMCITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP Addition DELETE 4.1 TITLE Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Addition DELETE Change TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP I wy this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information will immual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an everyor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in trachment with an address. 14. I hereby certify that the information indicated on this annual report of s officer or director of the corpora

ENRIQUE A. RAMOS PSD

Block 12 or Block 13 if change

SIGNATURE: