05131999-90045-010-\$61.25-\$61.25 May 13, 1999 8:00 am Secretary of State NONPROFIT FLORIDA DEPARTME CORPORATION Katherine Harris ANNUAL.REPORT. Secretary of State 05-13-1999 90045 010 ****61.25 1999 DIVISION OF CORPORATIONS 06-24-1999 90014 014 ****88.75 DOCUMENT # P97000062706 CONSULTING Mailing Address 1175 Minn (rardad 1175 Miani Gordens Dr 540 410 5te. 410 Wester mian Noch mioni Beach, \$33175 2a. Mailing Address 2. Principal Place of Business 3. Date Incorporated or Qualifed 26 21 Applied For Suite, Apt. #, etc. Suite, Apl. #, etc. - O 27 Not Applicable 22 City & State \$8.75 Additional City & State 5. Certificate of Status Desired. -Fee Required 28 23 Country 6. Election Campaign Financing \$5.00 May Be-Žip Added to Fees 25 29 30 Trust Fund Contribution 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name (I Antered Forelilanger Street Address (P.O. Box Number is Not Acceptable) 90 C. gVA ZUZ Glmeeia Coral Galles, Fl 84 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of regulared agent and tale if applicable (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE Change ☐ Addition 1.1 TITLE TITLE 1.2 NAME CR2E037 MAME र्ष ०५० 🖰 uggess (* 1.3 STREET ADDRESS STREET ADDRESS Chardeys Dr FL 33M 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Mddition 2.1 TOLE mE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 A CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE tm E 32 NAME 3.1 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Addition DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 617. 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: __

SIGNATURE AND TYPED OR PRINTED

NAME OF BIGHING OFFICER OR DIRECTOR