FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIF

TITLE

NAME

FILED Jun 03 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Morthard annual report Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000096063 (7) PEACEFUL THOUGHTS, INC. Principal Place of Business Malling Address 14108 SW 93RD LANE 1410R SW 93RD LANE MIAMI FL 33186 MIAMI FL 33186 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/10/1997 2. Principal Place of Business Applied For 305 East 95 hstreet 21 305 EasT 95 th street 65-0793429 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Apt. Fee Required City & State \$5.00 May Be 8. Election Campaign Financing New Trust Fund Contribution Added to Fees Zip 8. This corporation owes or has paid the current year Intargible 24 10028 29 10028 Personal Property Tax due June 30. ☐ Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Hoscalle Cornenze HARCELLA CARRONZA CARRANZA, MARCELLA 14108 SW 93RD LANE 13600 5W 974 street **MIAMI FL 33186** HIAMI TL 33186 84 Zip_Code ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TOLE 5D CARRANZA, MARCELLA NAME 1.2 NAME CARRANZA HARCELLA 13600 SW 97" ST. 305 East 95th street Apt. SE 14108 SW 93RD LANE STREET ADDRESS 1.3 STREET ADDRESS 1/AMITC 33/86 **MIAMI FL 33186** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TOHE NAME MARINA SAMHWRTINO 2.2 NAME 305 East 95th street Apt. SE STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 31 TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TOLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7)P DELETE TITLE Change Addition 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

04-20-98 (212) 427-4087 hulonato MARCECCA CARRAMED SIGNATURE:

5.4 CITY - ST- ZIP

63 STREET ADDRESS

6.1 TITLE

6.2 NAME

14. Thereby 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 of this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that if 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 to the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears to the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears to the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears to the receiver of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears to the receiver of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears to the receiver of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the receiver of the receiver of the receiver of the receiver of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

DELETE