FILED May 17, 1999 8:00 am Secretary of State

PROFIT FLORIDA DEPARTMENT. OF STATE CORPORATION Katherine Harris 05-17-1999 90073 008 ***150.00 ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 **DOCUMENT # P98000000825** VIP LUGGAGE 555741 - 90073 - 8 Principal Place of Business Malling Address 244 BISCAYNE BLVD 782 NW LE JEUNE RD. MIAMI FL 33132 SUITE 434 DO NOT WRITE IN THIS SPACE MIAMI FL 33126 : 3. Date incorporated or Qualifed 01/05/98 4. FEI Number Applied For -2. Principal Place of Business 2a. Mailing Address 65-0805934 Not Applicable \$8.75 Additional Suite, Apl. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 8.-Election-Compalgn Financing City & State \$5.00 May Be Trust Fund Contribution Added to Fees 23 8. This corporation owes the current year intensible December Property Tax. 2 Yes Country Country Personal Property Tax. 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ANTONIO R. LOPEZ Street Address (P.O. Box Number is Not Acceptable) 782 N.W. LE JEUNE RD. 83 SUITE 434 MIAMI FL 33126 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS DELETE IIILE 1.1 TITLE 12 NAME CARLOS S. LEMME 600 N.E. 36 STREET, PH 5 HAVE 1.3 STREET ADDRESS SERFE LADORESS MIAMI FL 33137 1.4 CITY-ST-ZIP DELETE Change ☐ Addition 21 TITLE TITLE 22 NAME NAME: 2.3 STREET ADDRESS

CITY-ST-ZIP STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 11 TITLE TRE HAME 32 NAVE STREET ALORESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CLTY-ST-ZP Change [] Addition DELETE TILE 4, 2 NAME NUME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-57-29 ☐ Addition Change DELETE TITLE STALE NAME 5.3 STREET ADDRESS STREET ADURESS 54 CITY-ST-ZIP CITY-ST-ZP Change ☐ Addition 61 TITLE DELETE TITLE a 2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the receiver or trustee empowered to effect this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

SIGNATURE 4

BOND H. LELLE BIONATURE AND TYPED OR PRINTED MAILE <u>OF SIGNAMS OFFICER OR D</u>IRECTOR 4/30/99

301-448-3323