04201999-90132-038-$150.00-$150.00

1999.

AMOUNT DUE ON OR BEFORE 05/1/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Apr 20, 1999 8:00 am
Secretary of State
04-20-1999 90132 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000009254

1. Corporation Name
TRIBAL PLANET, INC.

Principal Place of Business	Mailing Address
14317 S.W. 175TH TERRACE MIAMI FL 33177	14317 S.W. 175TH TERRACE MIAMI FL 33177

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — 2a. Mailing Address
Suite, Apt. #, etc. — Suite, Apt. #, etc.
City & State — City & State
Zip — Country — Zip — Country

3. Date Incorporated or Qualified: 01/29/1998

4. FEI Number: 65-0813984 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

BOWERS, CONSTANCE N
CONNIE BOWERS AND ASSOCIATES, INC.
16938 SOUTH DIXIE HIGHWAY
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name: MIREILLE MOYA
82 Street Address (P.O. Box Number is Not Acceptable): 14317 SW 175 TERRACE
83
84 City: MIAMI FL 85 Zip Code: 33177

7. 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: Mireille Moya, MIREILLE MOYA, PRESIDENT 7/6/99
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
LE / ME / REET ADDRESS / Y-ST-ZIP	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P, T, S MIREILLE MOYA 14317 SW 175 TERR MIAMI, FL 33177	☐ Change ☑ Addition
LE / ME / REET ADDRESS / Y-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V CARLOS A. TARAZONA 14317 SW 175 TERR MIAMI, FL 33177	☐ Change ☑ Addition
LE / ME / EET ADDRESS / Y-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
E / E / EET ADDRESS / -ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
E / E / EET ADDRESS / ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
E / E / ET ADDRESS / ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/99)

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.

SIGNATURE: Mireille D. Moya 7/16/99 305-971-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #