2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000012299 Apr 10, 2000 8:00 am Secretary of State FUTURE USA, INC. 04-10-2000 90161 029 ***150.00 Principal Place of Business Mailing Address 25 SE 2 AVE MIAMI FL 33131-1510 MIAM FL 23131 Principal Place of Business 4580 W Flagler St 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 308 Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0812024 iami Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Manue Jose VEGA, JOSE M O. Box Number is Not Acceptable) W. F/agler 25 SE 2 AVE #410 **MIAMI FL 33131** 8. The above named entity submits this statement for the purpose of changing its registered office or SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D TITLE Change ☐ Addition TITLE VEGA, JOSE M NAME NAME STREET ADDRESS STREET ADDRESS 2936 SW 24 TERRACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33145** ☐ Change ☐ Addition Delete TITLE SUAREZ VEGA, CELIA NAME 2936 SW 24 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33145** □.Delete TITLE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition DITHE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 4