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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

Jun 06, 2000 8:00 am Secretary of State

FILED

06-06-2000 90487 027 ***150.00 2000 **DIVISION OF CORPORATIONS** DOCUMENT # P980000 5043 EMET SERVICES CONPONATION 853471 Principal Place of Business Mailing Address 4955 NW 199 ST 4206 4955 NW 1995T #206 DO NOT WRITE IN THIS SPACE MIAM, FR 33055 MIAMI FL 33055 3. Date Incorporated or Qualified 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name JOSE MANTINEZ Street Address (P.O. Box Number is Not Acceptable) 82 750 anole Ave MiAMI SPAINGS, FR 33166 84 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE T.1 TITLE Change Addition AMAUNY LOPEZ NAME 12 NAME 4955 NW 199 ST #206 STREET ADDRESS 13 STREET ADDRESS MIGHI, FC 33055 CITY - ST - ZIP 1.4 CITY - ST - 7/P TLE . ENNIQUE GUERRA 2 1 TITLE Change Addition NAME 2 2 NAME 2690 WEST 76 ST CEET ADDRESS 2.3 STREET ADDRESS Halesh, FC 33016 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE Change Addition NAME 3.2 NAME

STREET 400RESS 3 3 STREET ADDRESS CITY - ST - ZIP 34 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ACCRESC 4 3 STREET ADDRESS CITY - ST- 21P 4.4 CITY - ST - ZIP THILE DELETE 5 1 TITLE Addition Change NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CIFY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Addition Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY - ST - ZIP

14. I hereby certify that the information supplied of indicated on this annual report or supplied of director of the corporation of the recellence 12 or Block 13 if changed, or on an attack. fy for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an to execute this report as required by Chapter 607 Florida Statutes; and that my name appears in this filing goes not qualify annual report is true and ver or trustee empowered iment with arrandiress.

SIGNATURE:

SIGNATURE AND PYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

AMAUNY LOPEZ