PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris ...*

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000016999 1. Corporation Name

C/O BRAND INSTITUTE. INC. 1201 BRICKELL AVENUE. SUITE 350 MIAMI FL 33131

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90063 029 ***150.00

BRAND POLL, INC. Malling Address Principal Place of Business C/O BRAND INSTITUTE. INC. 1201 BRICKELL AVENUE. SUITE 350 DO NOT WRITE IN THIS SPACE MIAMI FL 33131 3. Date Incorporated or Qualifed 02/20/1998 2a. Mailing Address FEI Number Applied For Principal Place of Business 65-0839750 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State ... 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Country This corporation owes the current year Intangible Zip Country □No Personal Property Tax. ☐ Yes 29 25 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent DETTORE, JAMES Street Address (P.O. Box Number Is Not Acceptable) 82 C/O BRAND INSTITUTE, INC. 1201 BRICKELL AVENUE, SUITE 350 83 MIAMI FL 33131 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hamed 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 ime of registered agent and title if applicab (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: OFFICERS AND DIRECTORS 13. 12. DELETE Sci Addition 1.1 TITLE TITLE CR2E034 12 NAME nes L Délibré NAME 888 BRICKELL KEY DR. APT 2202 1.3 STREET ADDRESS STREET ALIDRESS MANU, FL 33/31 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Adcition ☐ DELETE 2.1 YITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET AUDRESS 2, 4 CITY-ST-ZIP CITY-ST-ZIF _ Change ☐ Addition DELETE 3.1 TITLE. TIRE . 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TILE NAME 4.3 STREET ADDRESS STREET AIXDRESS 4.4 CITY-ST-ZIP CITY-ST-2# Change ☐ Addition DELETE 5.1 TITLE TILE 52 NAME NAME 5.3 STREET ADDRESS STREET AUDRESS 5.4 CITY-ST-ZIP CITY-ST-2'P ☐ Change ☐ Adcition 6.1 TITLE DELETE TIBE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-71P CITY-ST-72P

ippried with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information premental ennual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in an effect, with an address, with all other like empowered. 14. I hareby certify that the information s indicated on this annual report or sub-officer or director of the corporation of Block 12 or Block 13 if changed, of

SIGNATURE: