2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other lik

SIGNATURE

FILED DOCUMENT # **P98000054734** Apr 04, 2000 8:00 am Secretary of State Annie B. Inc. -EARN-EQUITY GROUP,-ING:-04-04-2000 90026 021 ***150.00 Mailing Address Principal Place of Business 1251 NE 108TH STREET 1251 NE 108TH STREET SUITE 416 SUITE 416 NORTH MIAMI FL 33161 NORTH MIAMI FL 33161-7345 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 1301 Applied For 4. FEI Number Mami Beach, FL 65-0851620 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BENALCAZAR, ANA L Venetian Way Suite 130 1251 NE 108TH STREET **SUITE 416** NORTH MIAMI FL 33161 Zip Code 33139 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change Addition TITLE ☐ Delete TITLE Inc, Annie B. NAME INC, ANNIE E NAME STREET ADDRESS STREET ADDRESS 1251 NE 108TH STREET, SUITE 416 CITY-ST-ZIP CITY-ST-ZIE NORTH MIAMI FL 33161 ☐ Addition ☐ Change ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAMÉ 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