FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

FILED FLORIDA DEPARTMENT OF STATE Mar 11, 1999 8:00 am CORPORATION Katherino Harris ANNUAL REPORT **Secretary of State** Secretary of State DIVISION OF CORPORATIONS 1999 03-11-1999 90070 026 ***150 00 DOCUMENT # P98000065920 OK 1. Corporation Name OWNI CAPITAL MARKETS CORP. Principal Place of Business Mail no Address 1221 BRICKELL AVE. P.O. BOX 550922 MIAMI, PL 33131 FT. LAUDERDALE, FL DO NOT WRITE IN THIS SPACE 33355-0922 3. Date Incorporated or Qualifed 07/28/1998 2. Principal Place of Business 2a. Mailing Address Applied For SAME AS ABOVE 65-085 40 91 21 SAME AS ABOVE Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State Criv & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution : Added to Fees Zip Country Country 8. This corporation owes the current year intangible 25 24 20 100 Personal Property Tax. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LULKIN, RICHARD E. Street Address (P.O. Box Number is Not Acceptable) 12441 N.W. 15TH STREET SUNRISE, FL 33323-5240 City 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 agont. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 02/09/1999 SIGNATURE Signature, typed or printed name of registered agent and bile if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE PD/VD 11 TITLE Change Addition NAME 12 NAME LULKIN RICHARD E. CR2E034 **STREET ADDRESS** 1.3 STREET ADORESS 1221 BRICKELL AVE. CITY-ST-ZIP MIAMI.FL 33131 1.4 CITY- ST-ZIP TITLE. DELETE ☐ Change Addition 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-21P 2 4 CITY-ST-ZIP TITLE DELETE 31 TM F NAME 32 NAME STREET ADDRESS 3.3 STREET ADORES CITY-ST-ZIP 34. CITY-ST-ZIP DELETE TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 44 CITY ST-ZIP [] DELETE Addition SIDDE Change NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE 6 1 TIPLE 1MLF NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS

64 CITY-ST-ZIP

RICHARD E. LULKIN, PRES

fing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information if report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an invisite empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address, with all other like empowered.

02/09/1999 954-349-8222

SIGNATURE

14. I hereby certify that the information supplied indicated on this annual report of supplied officer or director of the conformations in Block 12 or Block 13 if charges of on an all

CITY-ST-ZIP