FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90203 049 ***150.00

PROFIT CORPORATION



CINE HOTTO INDOORS THE OWN THE

FLORIDA DEPARTMENT OF STATE

Katherine Harris

ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 DOCUMENT # P98000101507 CAMDEN-GREY ESSENTIAL OILS. INC. Principal Place of Business Mailing Address 8231 SW 34 TERRACE MIAMI FL 33155 8231 SW 34 TERRACE MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/07/1998 4, FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Zip Country 8. This corporation owes the current year Intangible Country Zip ☐ Yes` 30 Personal Property Tax. 25 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GARCIA, VIVIAN V Street Address (P.O. Box Number is Not Acceptable) 8231 SW 34 TERRACE MIAMI FL 33155 85 Zip Code 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 agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. IVIAN V. GARCIA HINP 1.5 TITLE TITLE CR2E034 1.2 NAME NAKE frin CORAL WAY 1.3 STREET ADORESS 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition OELETE 2.1 TITLE TILE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZP Change DELETE 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CTY-51-74 ☐ Addition Change DELETE 4.1 TITLE MILE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZP Addition DELETE Change 5.1 TITLE TILE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS SACITY-ST-ZIP CITY-ST-ZIP Addition DELETE 61 me Change TIME 6.2 NAME NAME

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

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STREET ADDRESS