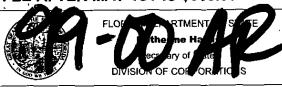
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PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P9900000896

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SECRETARY OF STATE

TALLAHASSEE. FLORIDA h AVENUE UNIT 204 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 1W000, FC 33021 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5.-Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Zip Country 8. This corporation owes the current year Intangible □No Personal Property Tax. ☐ Yes 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 83 Zip Code 84 City 85 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition ☐ DELETE Change 1.1 TITLE TITLE KALIPERSAID, RVA 400003215064--7 1.2 NAME NAME DOTH AUE -04/19/00--01093--002 1.3 STREET ADDRESS STREET ADDRESS ****150.00 <u>****150.00</u> 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 2.1 TITLE TITLE 400003215064 TRALLES FR 2.2 NAME HOLLY WOOD, FL NAME -04/19/00---01093---003 2.3 STREET ADDRESS STREET ADDRES ****150.00 ****150.00 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4,3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP OELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE [] Change Addition TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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.

SIGNATURE:

LASS ACCOUNTING AND BUSINESS SERVICES, INC.



7431 NW 39TH STREFT ~ LAUDERHILL, FL 33319 Phone 954-746-5011 ~ Fax 954-746-7996

November 15, 1999

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re:

Y2K Investments, Inc.

Document # P9900000896

Dear sirs,

I am in receipt of your notice of dissolution of the above mentioned corporation.

Please note this is the first notice we received and that it was incorporated 12/31/98 Also, note that when your office was mailing out annual renewal reports you were just sending out my articles.

Kindly advise on the correct status of this corporation and reinstatement. Additionally, I don't think there is any renewal fee required at this time as discussed with one of your associates. However, should I be incorrect, please let me know as soon as possible.

Sincerely,

Ruth Liverpool, President for Ria Kalipersad