FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am **DOCUMENT #** S74739 **Secretary of State** 1. Entity Name DESIGNHAUS INTERNATIONAL INC. 02-11-2002 90148 014 ***158.75 Principal Place of Business . Mailing Address 7440 SW 50TH TERRACE 7440 SW 50TH TERRACE TO THE PROPERTY OF THE PARTY OF SUITE #104 SUITE #104 many sabinital for a sure land MIAMI FL 33155 MIAMI FL 33155 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0278811 Not Applicable Zip Zip Country Country \$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 MOUTHAPONG, PANSY E Street Address (P.O. Box Number is Not Acceptable) **8030 SW 120TH STREET MIAMI FL 33156** City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01) ☐ Delete TITLE ☐ Change Addition TITLE PINO, MIRIAM NAME NAME CR2E034 1217 ELRADO STREET STREET ADDRESS STREET ADDRESS **MIAMI FL 33134** CITY ST-ZIP CITY-ST-ZIP ■ Addition ۷P · Delete TITLE ☐ Change TITLE **MOUTHAPONG, PANSY 1 E** NAME NAME **8030 SW 120TH STREET** STREET ADDRESS STREET ADDRESS **MIAMI FL 33156** CITY-ST-ZIP CITY-ST-7IP □ Delete FITLE ---Change ___ Addition. NAME 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 ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS

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 supplied that 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 receiper or further execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TUBE AND TYPES A PRINTING MANE OF SIGNING OFFICER OR DIRECTOR

ANSY F. MOLOTHAPONG YE

667 · 2244Daytime Phone #