FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT Apr 21 1998 8:00am FLORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Socretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (2) PEARLS BY SUNI INC. Principal Place of Business Mailing Address 18861 BISCAYNE BOULEVARD 18861 BISCAYNE BOULEVARD NO. MIAMI BEACH FL 33180 NO. MIAMI BEACH FL 33180 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/21/1992 2. Principal Place of Business 2a. Mailing Address Applied For 65-0313067 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GREGORY, NICHOLAS 10328 PANAMA ST. 82 Street Address (P.O. Box Number is Not Acceptable) COOPER CITY FL 33026 83 84 City Zip Code 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change DELETE 1.5 TITLE Addition TITLE **GREGORY, NICHOLAS** NAME 1.2 NAME 11318 N.W. 16TH STREET STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE GREGORY, SUNI 2.2 NAME 11318 N.W. 16TH STREET STREET ADDRESS 2.3 STREET ADDRESS **PEMBROKE PINES FL** CITY-ST-ZIP 2 4 CHY-ST-ZIP ☐ Change TITLE DELETE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-S1-ZIP DELETE 41 TITLE ☐ Change ■ Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY - ST - 7IP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-St-ZIP DELETE 6.1 TITLE Change Addition TITL F NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby 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 secural, 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 recent of justice employed discount 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 attactual mattern address.

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