PROFIT FLORIDA DEPARTMENT OF STATE FILED CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 99 JUL 12 PH 3: 18 DIVISION OF CORPORATIONS 1999 **DOCUMENT # V26304** 1. Corporation Name PORTUGAL, INC. I 1900) BURAN ANDAR BURAN ANDAR BURAN ANDAR BURAN Principal Place of Business Mailing Address 2431 N.E. 196 STREET NORTH MIAMI BEACH FL 33180 2431 N.E. 196 STREET NORTH MIAMI BEACH FL 33180 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/02/1992 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 21 65-0379094 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country Zip 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RUTH PORTUGAL RUBIN Street Address (P.O. Box Number is Not Acceptable) 82 2431 N.E. 196 STREET NORTH MIAMI BEACH FL 33180 83 84 85 Zip Code FL 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 little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE

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

12. TITLE PORTUGAL RUBIN, RUTH 12 NAME 500002959635---5 -08/13/99--01091--024 ****150.00 *****150.00*** 2431 N.E. 196 STREET STREET ADORESS 13 STREET ADDRESS NORTH MIAMI BEACH FL 33180 14 CITY-ST-ZIP CITY-ST-ZIP () DELETE TITLE 21 TITLE 22 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP C/TY-ST-ZIP DELETE 3 1 TITLE Change Addition TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRES CITY-ST-ZIP 34 CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADORESS 4 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 51 TITLE TITLE 52 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE 6 1 TITLE Change [] Addition TITLE 6 2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 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 accurate and that my signature shall have the same tegal 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jue 15/99

CRZE

Portugal, Inc.

330 West Flagler Street • Miami, Florida 33130 • (305) 577-3000 • Fax (305) 358-5344

Jue 16/99

FLORIDA Department 9 STATE
ANNUAL Reports DILINGS
DIVILLOM 9 CORPORATIONS
P.O BYX 6327
Talle Hosse FL 32314

Dear SIRS.

Cheque of 150.00 for firing fee. I Aporogise for snow, thing my report late however I have a given this report to my Accountant to complete and to forward to you and he DIED. His NAME WAS MICHAEL HOLLINDER C. P. A. I Would Apprente that you to not penalize me as circumstances were unere

ox per andy

Thank you.