FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 14 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (5)TRANQUILITY CORPORATION INC. Principal Place of Business Mailing Address 16103 NF 19TH CT 1660 NE 173 ST N MIAMI BCH. FL 33162 N MIAMI BCH. FL 33162 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/15/1992 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0385656 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 29 Personal Property Tax due June 30. 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ALEXANDER, PEARLINE 1660 N.E. 173RD ST. 82 Street Address (P.O. Box Number is Not Acceptable) N MIAMI BEACH FL 33162 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE ALEXANDER, PEARLINE NAME 1.2 NAME 1660 N.E. 173RD ST. STREET ADDRESS 1.3 STREET ADDRESS n miami beach fl CITY-ST-ZIP 1.4 City-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE ALEXANDER, MAJORIE NAME 2.2 NAME 1660 N.E. 173RD ST. STREET ADDRESS 2.3 STREET ADDRESS N MIAMI BEACH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change ☐ Addition TITLE ALEXANDER, ALDIN NAME 3.2 NAME 1660 N.E. 173RD ST. STREET ADDRESS 3.3 STREET ADDRESS N MIAMI BEACH FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE Change Addition 5.1 TITLE 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6 1 TITLE Change Addition T/Th F NAME 62 NAME

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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 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.

SIGNATURE: P. Alacarder PERRLING ALAGAMANACE 4/6/98

6.3 STREET ADDRESS 6.4 C/TY - ST - ZIP

STREET ADDRESS