oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MANAGER

SIGNATURE: ALBEIRO RENZA COY

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L17000226791

Entity Name: ACNIWORLD INTERNATIONAL INSTITUTE LLC

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

7751 NW 107TH AVE SUITE 313 DORAL, FL 33178

Current Mailing Address:

7751 NW 107TH AVE SUITE 313 DORAL, FL 33178 US

FEI Number: 82-3296065

City-State-Zip: DORAL FL 33178

Name and Address of Current Registered Agent:

VALERO, SORAYA 7751 NW 107TH AVE SUITE 313 DORAL, FL 33178 US

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:

| | Electronic Signature of Registered Agent | | |
|-------------------------------|--|-----------------|----------------------------|
| Authorized Person(s) Detail : | | | |
| Title | MGR | Title | MGR |
| Name | RENZA COY, ALBEIRO | Name | MIJARES DE RENZA, MARIA |
| Address | 7751 NW 107TH AVE, SUITE 313 | Address | 7751 NW 107TH AVE, SUITE 3 |
| City-State-Zip: | DORAL FL 33178 | City-State-Zip: | DORAL FL 33178 |
| Title | AP | | |
| Name | DIAZ, ARLENIS | | |
| Address | 7751 NW 107TH AVE, SUITE 313 | | |
| | | | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under

FILED Jan 14, 2018 Secretary of State CC6069952226

Certificate of Status Desired: Yes

01/14/2018 Date

Date

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