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Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H76745** **(9)**

1. Corporation Name
BRYANT INTERNATIONAL CORP.

Principal Place of Business	Mailing Address
108 S. MIAMI AVE.. STE. 300 MIAMI FL 33130 US	108 S. MIAMI AVE.. STE. 300 MIAMI FL 33130 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21: 16840 NE 19 Ave 22: Suite, Apt. #, etc. 23: City & State: NMB FL 24: Zip: 33162 25: Country: USA	2a. Mailing Address 26: 16840 NE 19 Ave. 27: Suite, Apt. #, etc. 28: City & State: NMB FL 29: Zip: 33162 30: Country: USA

3. Date Incorporated or Qualified: 09/18/1985

4. FEI Number: 65-0084778 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BEN-DAVID, DAVID
2715 TIGER TAIL AVE.
304
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name: Gal Ben-David
82 Street Address (P.O. Box Number is Not Acceptable): 16840 NE 19 Ave.
83
84 City: NMB **FL** 85 Zip Code: 33162

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: Gal Ben-David — 3/31/98
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD BEN-DAVID, DAVID 2715 TIGER TAIL AVE. 304 COCONUT GROVE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P Ben-David, David 2715 tigertail Ave Apt 409 Cocoanut grove FL 33133
				☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BEN-DAVID, GAL 290 - 174 ST. M-14 N. MIAMI BCH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S Ben-David, Gal 290 - 174 St. # 2305 NMB FL 33160
				☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

14. 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 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: Gal Ben-David — 3/31/98 — 305-948-0100