2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachme

SIGNATURE:

Feb 24, 2004 8:00 am Secretary of State DOCUMENT # P02000096112 02-24-2004 90017 019 ***150 00 WATERHOUSE INTERNATIONAL REALTY, INC. Principal Place of Business Mailing Address 8603 SOUTH DIXIE HIGHWAY 8603 SOUTH DIXIE HIGHWAY 94019532 SUITE 211 SUITE 211 MIAMI, FL 33143 MJAMI, FL 33143 3. Mailing Address 86035. DIXIE HIGHWAY 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01212004 CR2E034 (10/03) Chg-P Suite City & State City & State 4. FEI Number Applied For MIAMI APPLIED FOR Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П 33143 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMOLER, BRUCE J Street Address (P.O. Box Number is Not Acceptable) 2611 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. Delete TITLE Change ☐ Addition TITLE ZOSMAN, OFER NAME NAME 8603 5. DINE HIGHWAY #212 STREET ADDRESS STREET ADDRESS 14707 SOUTH DIXIE HIGHWAY MIAMI, PL 33143 CITY-ST-7IP CITY-ST-ZIP MIAMI, FL 33176 ☐ Addition Delete TITLE TITLE DELEON, CARLOS NAME NAME 8603 S. DIXIE MOHWAY #212 14707 SOUTH DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIANI ,FL 33143 CITY-ST-ZIP MIAMI, FL 33176 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 receive or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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