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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000077726 (6)

SCHILD INVESTMENT ADVISORS, INC.

## FILED Feb 23 1998 8:00am Secretary of State

| SURILU   | MACOLU                                   | MEINT KUVISUK                              | ), IIVU.     |                                 |                  |                    |  |   |
|--|--|--|--------------|---------------------------------|------------------|--------------------|--|---|
| Principal Place  | e of Business                            |  | Ma           | ailing Address                  |                  |                    |  |   |
| · .  |  |  |              | · ·                             |                  |                    |  |   |
| 9350 S. DIXIE HWY.<br>SUITE 970  |  |  |              | 9350 S. DIXIE HWY.<br>Suite 970 |                  |                    |  |   |
| MIAMI FL 33156   |  |  |              | MIAMI FL 33156                  |                  |                    |  | DO NOT WRITE IN THIS SPACE  |
| US   |  |  |              | US                              |                  |                    |  | 3. Date Incorporated or Qualified   |
| 6 Principal Phase of Processor   |  |  |              | 2a. Mailing Address             |                  |                    |  | 11/04/1993<br>4. FEI Number Applied For   |
| 2. Principal Place of Business   |  |  |              | 26                              |                  |                    |  | 4. FEI Number Applied For 65-0450897 Not Applicable                               |
| Suite, Apt. #, etc.  |  |  |              | Suite, Apt. #, etc.             |                  |                    |  | <b>\$0.75</b>   |
| 22   |  |  |              | 27                              |                  |                    |  | 5. Certificate of Status Desired Fee Required                                     |
| City & State   |  |  |              | City & State                    |                  |                    |  | 6. Election Campaign Financing \$5.00 May Be                                      |
| 23   |  |  |              | 28                              |                  |                    |  | Trust Fund Contribution Added to Fees   |
| Zip  | Country                                  | Zip Country                                |              |                                 | intry            |                    | 8. This corporation owes or has paid the current year Intangible |   |
| 24 25  |  |  | 29           |                                 |                  |                    |  | Personal Property Tax due June 30. Yes No   |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  Name 81 Name   |  |  |              |                                 |                  |                    |  |   |
|  | NTELLO, LO                               |  |              |                                 |                  | 01                 | Name   |   |
| 701 BRICKELL AVE., STE. 1200   |  |  |              |                                 |                  | 82                 | Street Ad  | dress (P.O. Box Number is Not Acceptable)   |
| MIAMI FL 33131   |  |  |              |                                 |                  |                    |  |   |
|  |  |  |              |                                 |                  | 63                 |  |   |
|  |  |  |              |                                 |                  | 84                 | City   | FL 85 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  |  |  |              |                                 |                  |                    |  |   |
| 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  |  |  |              |                                 |                  |                    |  |   |
| 12.  | Signature typed c                        | n printed name of registered<br>OFFICERS A |              |                                 | (NOTE: Registere | Age                | ni signature req   | puired when reinstaling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12       |
| TITLE  | DT                                       | OFFICENSA                                  | ONLY DIVILO  | DELETE                          | 1.1 1/           | TI F               |  | Change Addition   |
| NAME   |  | , ARTHUR N                                 |              |                                 | 1.2 N/           |                    |  |   |
| STREET ADDRESS 9350 SOUTH DIXIE HIGHWAY  |  |  | AY, SUITI    |                                 |                  |                    | ADDRESS  |   |
| CITY - ST - ZIP  | MIAMI FL                                 |  |              |                                 | 1.4 CI           | TY - S1            | T-ZIP  |   |
| TITLE  | DP                                       |  |              | ☐ DELETE                        | 2.1 Ti           |                    |  | Change Addition   |
| NAME <b>\$CHILD, MARK</b> D  |  |  |              | Ī                               |                  | 2.2 NAME           |  |   |
| STREET ADDRESS   | STREET ADDRESS 9350 SOUTH DIXIE HIGHWAY, |  |              | SUITE 970                       |                  | 2.3 STREET ADDRESS |  |   |
| CITY-ST-ZIP  | MIAMI FL                                 | •  |              |                                 | 2.4 C            | ITY-S              | T-ZIP  |   |
| TITLE  |  |  |              | ☐ DELETE                        | 3.1 TI           | TLE                |  | L] Change L] Addition   |
| NAME   |  |  |              |                                 | 3.2 N/           | ME                 |  |   |
| STREET ADDRESS   |  |  |              |                                 | 3.3 ST           | REET               | ADDRESS  |   |
| CITY-ST-ZIP  |  |  |              | The second                      | 3.4. C           |                    | T-ZIP  |   |
| TITLE  |  |  |              | ☐ DELET <b>É</b>                | 4.1 TI           |                    |  | Change Addition   |
| NAME   |  |  |              |                                 | 4.2 N            |                    |  |   |
| STREET ADDRESS   |  |  |              |                                 |                  |                    | ADDRESS  |   |
| CITY-ST-ZIP  |  |  |              | DELETE                          | 4.4 Cł<br>5.1 Ti |                    | I - ZIP  | ☐ Change ☐ Addition   |
| TITLE  |  |  |              | LJ DELETE                       |                  |                    |  | Charage Addition  |
| NAME   |  |  |              |                                 | 5.2 NA           |                    | 1DDDC00  |   |
| STREET ADDRESS   |  |  |              |                                 |                  |                    | ADDRESS  |   |
| CITY-ST-ZIP<br>TITLE   |  |  |              | DELETE                          | 5.4 CI<br>6.1 TI |                    | - 211  | ☐ Change ☐ Addition   |
| NAME   |  |  |              |                                 | 6.2 NA           |                    |  |   |
| STREET ADDRESS   |  |  |              |                                 |                  |                    | ADDRESS  |   |
| CITY-ST-ZIP  |  |  |              |                                 | 6.4 CF           |                    |  |   |
| 44 I basabu a  | ertify that the                          | information supplied                       | with this fi | ling does not quali             | by for the ove   | mnt                | ion stated i   | 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 trusted empowered be 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 intachment with an address. |  |  |              |                                 |                  |                    |  |   |