## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** ELORIDA DEPARTMENT DE STATE FILED CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS **19**98 98 APR 30 PM 1:52 DOCUMENT #
1. Corporation Name P94000001839 (7) SECRETARY OF STATE TALLAHASSEE. FLORIDA PARSEC INTERNATIONAL HOLDINGS, INC. Principal Place of Business Mailing Address 701 BRICKELL AVENUE 701 BRICKELL AVENUE STE. 3000 STE. 3000 DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131 3. Date Incorporated or Qualified 01/07/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0468808 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country ZiD 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No Personal Property Tax due June 30. 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE. 82 Street Address (P.O. Box Number is Not Acceptable) STE. 3000 400002511484 83 **MIAMI FL 33131** -05/05/98---01114---004 糖种物质60000000 84 City 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** (NOTE Registered Agent signature required when reinstaling) Signature, typed or printed name of regulated, agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. **K** DELETE 1.1 TITLE Change Addition TITLE STORMAN, DETLEF F 1.2 NAME NAME Stormann, Detlef F. 701 BRICKELL AVE, STE. 3000 STREET ADDRESS 1.3 STREET ADDRESS 701 Brickell Ave., Ste. 3000 MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP <del>Miami, FL 33131</del> Change DELETE Addition TITLE 21 DDF NAME 2.2 NAME STEET ADDRESS 2.3 STREET ADDRESS Y-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change 3,1 TITLE ☐ Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETÉ 4.1 TITLE ☐ Change \_\_\_ Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4,3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE \_\_\_ Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP 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 Statues 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

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Block 12 or Block 13 if changed, or on an attachment with an address.

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