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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000093948 (4)

LYRA, INC.

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1653 SW 9TH ST 1653 SW 9TH ST MIAM! FL 33135 MIAMI FL 33135 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/08/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0750256 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Country Zip Zip Country 8. This corporation owes or has paid the current year Intampible Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Ruspoli, Jesus G Name 1653 SW 9TH ST 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33135** City 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typied or printed name of registered agent and title if applicable (NOTE Registered Agent aignature required when rainstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE ■ DELETE 1.1 TITLE Change Addition RUSPOLI, PALMA NAME 1.2 NAME 315 E RIVO ALTO DR 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33139 CITY-ST-ZIP 1.4 CITY - ST-ZIP TITLE DELETE 2.1 TITLE Change Addition RUSPOLI, JESUS G NAME 2.2 NAME 1653 SW 9TH ST STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33135 2. 4 CITY-ST-ZIP CITY - ST - ZIP ___ DELETE TITLE 3.1 TITLE Change Addition NAME 32 NAME STREET ADORESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADORESS 6.4 CITY - ST- ZIP CITY-ST-ZIP

14. Thereby 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 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: Palme Ruspoliph PALMA RUSPOLI

305-672-8331