

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000022191 (5)

1. Corporation Name

CAMPIONE, INC.

Principal Place of Business

1717 NO BAYSHORE DRIVE. #3839
MIAMI FL 33132

Mailing Address

1717 NO BAYSHORE DRIVE. #3839
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1997

4. FEI Number

65-0750150

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

2. Principal Place of Business	2a. Mailing Address
21 1717 N. Bayshore DR.	26 1717 N. Bayshore DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 1044	27 1044
City & State	City & State
23 Miami FL	28 Miami FL
Zip	Zip
24 33132	29 33132
Country	Country
25 USA	30 USA

2. Principal Place of Business	2a. Mailing Address
21 1717 N. Bayshore DR.	26 1717 N. Bayshore DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 1044	27 1044
City & State	City & State
23 Miami FL	28 Miami FL
Zip	Zip
24 33132	29 33132
Country	Country
25 USA	30 USA

9. Name and Address of Current Registered Agent

ROBINSON, BEVERLY D
1717 NO BAYSHORE DRIVE #3839
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name	Patrick Beeson
82 Street Address (P.O. Box Number is Not Acceptable)	1717 N. Bayshore DR. #1044
83	
84 City	Miami
85 FL	Zip Code 33132

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

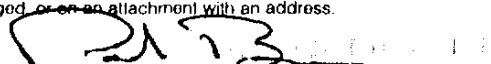
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, BEVERLY D	
STREET ADDRESS	1717 NO BAYSHORE DRIVE, #3839	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Beeson, Patrick G.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Beeson, Patrick G.	
1.3 STREET ADDRESS	1717 N. Bayshore DR. #1044	
1.4 CITY-ST-ZIP	Miami FL 33132	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Beeson, Patrick G.	
2.3 STREET ADDRESS	1717 N. Bayshore DR. #1044	
2.4 CITY-ST-ZIP	Miami FL 33132	
3.1 TITLE	SS#-531-78-0940	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 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 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:



April 28, 98 305-393-1510

CR2E034 (10/97)