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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000010891

Corporation Name

PHICA GROUP INTERNATIONAL, INC.

Principal Place of Business Mailing Address 9010 S.W. 137th AVENUE 9010 S.W. 137th Ave. DO NOT WRITE IN THIS SPACE Suite 109 Suite 109 3. Date Incorporated or Qualifed MIAMI, FL., 33186 MIAMI, FL., 33186 02/03/98 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address .65.-0826468.. Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country_ _Country__ Zip . 8.-This corporation:owes the current year-Intangible Personal Property Tax. □No Y Yes 25 30 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name AIDA YORDE Street Address (P.O. Box Number is Not Acceptable) 9010 S.W. 137th Ave. 83 Suite 109 Miami, Fl., 33186 84 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 poligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE ☐ Change ☐ Addition TITLE 1.1 TITLE P AIDA YORDE NAME 1.2 NAME 9010 S.W. 137th Av. 109 1.3 STREET ADDRESS STREET ADDRESS Miami, Fl., 33186 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 2.1 TITLE NAME 2.2 NAME 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition ☐ DELETE ☐ Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ Addition ☐ Change □ DELETE 4.1 TITLE NAME 4. 2 NAME

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 furstee 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, on an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

□ DELETE

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SCHATURE AND TYPEY OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99

Daytime Phone #

☐ Change

☐ Change

☐ Addition

Addition

Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90011 009 ***150.00