FILED EILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000041462 (8) MAREVITA, INC. Principal Place of Business Mailing Address 2001 & BAYSHORE DR. SUITE HES (25% 2601 S BAYSHORE DR. SUITE MRS / とい MIAMI FL 33133 MIAMI FL 33133 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0748825 Applied For 21 26 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 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip This corporation owes or has paid the current year Intangible Yes Yes □ No 30 24 25 29 Personal Property Tax due June 30. g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROBERT A. FREEMAN, P.A. 2601 \$ BAYSHORE DR, SUITE 1406 / とよる 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33133 B3** City Zip Code 85 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed mone of regestered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Change TITLE 1.1 TITLE NAME FREEMAN, ROBERT A 1.2 NAME 2601 S BAYSHORE DR, SUITE 1425 1-2 500 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33133** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 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

14. Thereby 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 of supplientally innual 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 recover 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 charged, or on an untragament with an address.

SIGNATURE:

54 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.9 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

Addition