FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** ELORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 852472 (0)NUBAR CORPORATION N.V. Principal Place of Business Mailing Address 11921 S DIXIE SUITE 202 11921 S. DIXIE SUITE 202 MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business 2a. Mailing Address 21 Suite, Apt. #, etc. Suite, Apt. #, etc City & State City & State 23 Zıp Country 24 25 29 9. Name and Address of Current Registered Agent Name PRICE, IRA B., ESQ. 9130 S DADELAND BLVD 2 DATRAN CTRE, SUITE 1705 MIAMI, 33156

FILED Feb 18 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/06/1982 4. FEI Number Applied For 59-2184593 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 607 0502 and 607 1509. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent agent I am familia VIII State of Florida, Suctionance was authorized by the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE X 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELFTE Addition Change TITLE 1.1 TITLE MARLIN, KENNETH 1.2 NAME NAME 11921 S. DIXIE #202 STREET ADDRESS 1.3 STREET ADDRESS MIAMI, FL 33156 CITY-ST-ZIP 1.4 CITY - ST - ZIP X DELETE Change Addition TITLE 2.1 TITLE NAME 'QUINN; HELEN 22 NAME 11021 6: DIXIE #202 STREET ADDRESS 2 3 STREET ADDRESS MIAMI: Pt 33156 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELFTE Addition 3.1 TITLE TITLE 3.2 NAME MAME 33 STREET ADDRESS TREET ADDRESS 3.4. CITY-ST-ZIP ITY-ST-ZIP Change Addition DELETE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CiTY - ST - ZiP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY- \$1-2IP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME STREET ADDRESS 63 STREET ADDRESS 6 4 CITY - \$1 - 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 armual report or suppliemental armual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 chariged, or on an attachment with an address

SIGNATURE: