FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 08 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 #** (8)C.I. SECURITIES CORPORATION Principal Place of Business Mailing Address % MICHAEL A. JULLIE % MICHAEL A. JULLIE 7721 SW 62 AVE. #201 7721 SW 62 AVE. #201 DO NOT WRITE IN THIS SPACE SOUTH MIAMI FL 33143 SOUTH MIAMI FL 33143 3. Date Incorporated or Qualified 04/04/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2290457 Not Applicable 26 Suite, Apt. #, etc. Suite, Apl #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country C ntry 8. This corporation owes or has paid the current year Intangible **□** √es ☐ No 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JULLIE. GAIL M 7721 SW 62 AVE, #201 82 Street Address (P.O. Box Number is Not Acceptable) **SOUTH MIAM! FL 33143** 83 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 Signatura, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13, DELETE 1.1 TITLE Change Addition TITLE JULLIE, MICHAEL A. CR2E034 NAME 1.2 NAME 7721 SW 62ND AVE #201 STREET ADDRESS 1.3 STREET ADDRESS S. MIAMI FL CITY-ST-ZIP 14 City-St-ZiP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 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 3.3 STREET ADDRESS 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 CITY - ST - ZIP 5.4 CITY-ST-ZIP Addition DELETE 61 TITLE Change

6.2 NAME 6.3 STREET ADDRESS

64 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.

308-666-65751

STREET ADDRESS

SIGNATURE: