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

Apr 13 1998 8:00am PROFIT CLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** G56942 SMALL PLANET SYSTEMS CORPORATION Principal Place of Business Mailing Address 105 MENDOZA AVE 105 MENDOZA AVE. CORAL GABLES FL 33134 CORAL GABLES FL 33134 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/26/1983 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-2329432 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žip Country Country 8. This corporation owes or has paid the current year Intangible 25 Yes ☐ No 29 Personal Property Tax due June 30. 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DIAMOND, STEVEN 105 MENDOZA AVE. R2 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, 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 Statules. SIGNATURE Signature, typed or printed name of registered agent and title diapplicable (NOTI: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change HAAS, ROBERT 1.2 NAME NAME 20432 N.E. 7TH PLACE STREET ADDRESS 1.3 STREET ADDRESS N. MIAMI BCH. FL CITY-ST-ZIP 1.4 CiTY - ST - ZIP Addition DELETE Change TITL€ 2.17(116 DIAMOND, STEVEN 2.2 NAME 105 MENDOZA AV STREET ADDRESS 2.3 STREET ADDRESS CORAL GABLES FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ___ Addition 4.1 THLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ DELETE Change ☐ Addition TITLE 61 THUE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 6.4 CITY-ST-ZIP

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, if further certify that the information indicated on this annual report or supplemental annual poport 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 pecifical resolver in the property fusive 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 a

FILED

(305) 443-6011