| FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00                       |   |  |                           |                          |                        |                        |                           | FILED  |                          |                                 |                                |  |
|--|---|--|---------------------------|--------------------------|------------------------|------------------------|---------------------------|--|--------------------------|---------------------------------|--------------------------------|--|
| F  | PROFIT                                      |  |                           | Lorida depa              |                        |                        |                           | ] Mar 24   |                          |                                 | )()am                          |  |
|  | PORATION                                    |  |                           | Sandra I<br>Secreti      | B. Morti<br>ary of Sta |                        |                           |  |                          |                                 |                                |  |
| 1998   |   |  | /                         | DIVISION OF CORPORATIONS |                        |                        |                           | Secretary of State   |                          |                                 |                                |  |
| DOCUN  |   | K10569   |                           | (7)                      |                        |                        |                           |  |                          |                                 |                                |  |
|  | IA IMPORTS,                                 |  |                           | ~ /                      |                        |                        |                           |  |                          |                                 |                                |  |
|  |   |  |                           |                          |                        |                        |                           |  |                          |                                 |                                |  |
| Principal Place  | of Business                                 |  | Mailing A                 | ddress                   |                        |                        |                           | 110000ki 04100ki 0000 0ki  |                          |                                 |                                |  |
| 515 EAST LA  | S OLAS BLVD                                 |  | 515 EAS                   | T LAS OLAS B             | LVD                    |                        |                           |  |                          |                                 |                                |  |
| SUITE 900 SUITE 900<br>FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 |   |  |                           |                          |                        |                        |                           |  |                          | HIS SPACE                       |                                |  |
| US   |   |  | US                        |                          |                        |                        |                           | <ol> <li>Date Incorporated or Qual<br/>01/05/1988</li> </ol>                 | fied                     |                                 |                                |  |
| <u> </u>   | ace of Business                             |  | 2a. Mailin                | g Address                |                        |                        |                           | 4. FEI Number  |                          |                                 | pplied For                     |  |
| 21 Suite, Apt. I   | #, etc.                                     |  | 26<br>Suite,              | Apt. #, etc.             |                        |                        |                           | 59-2866124<br>5. Certificate of Status Desire                                | d 🔲                      | \$8.75                          | Not Applicable<br>Additional   |  |
| 22<br>City & State   | }   |  | 27<br>City &              | State                    |                        |                        |                           | 6. Election Campaign Finance   |                          |                                 | Required<br>D May Be           |  |
| 23   |   |  | 28                        |                          |                        |                        |                           | Trust Fund Contribution  | <u> </u>                 |                                 | to Fees                        |  |
| Zip<br>24  | 25  | ountry   | Zip<br>29                 |                          | 30 Co                  | untry                  |                           | <ol> <li>This corporation owes or h<br/>Personal Property Tax due</li> </ol> | •                        | ·                               | ntangible                      |  |
|  | 9. Name and A                               | ddress of Current Re   |                           | gent                     |                        | 81 1                   | Name                      | 10. Name and Address of No   |                          | red Agent                       |                                |  |
|  | YLOR, TERRY<br>5 EAST LAS OLA               | S BLVD   |                           |                          |                        |                        |                           | room (D.O. Boy Number in Not Ass   | antoble)                 |                                 |                                |  |
| SU   | ite 900                                     |  |                           |                          |                        |                        |                           | ress (P.O. Box Number is Not Acc   | eptable)                 |                                 |                                |  |
| FT   | LAUDERDALE F                                | L 33301  |                           |                          |                        | 83                     |                           |  |                          |                                 |                                |  |
|  |   |  |                           |                          |                        |                        | City                      |  |                          |                                 | Code                           |  |
| office or re   | egistered agent, or                         | Soctions 607.0502 an<br>both, in the State of F<br>accept the obligation | lorida. Suc               | h change was             | authorize              | ed by th               | amed corp<br>le corpora   | poration submits this statement fo<br>tion's board of directors. I hereby    | the purpo:<br>accept the | se of changing<br>appointment a | its registered<br>s registered |  |
| SIGNATURE  |   |  |                           |                          |                        |                        |                           |  |                          |                                 |                                |  |
| 12.  |   | 1 name of registered agent and<br>OFFICERS AND DI                        |                           |                          | 1E Register            | <u> </u>               | ignature requi            | ADDITIONS/CHANGES TO   |                          |                                 | RS IN 12                       |  |
| TITLE  | PD<br>TAYLOR, TER                           | RY   |                           | DELETE                   | 1.11                   | IITLE<br>NAME          |                           |  |                          | Change                          | . Addition                     |  |
| STREET ADDRESS   | 515 EAST LA                                 | S OLAS BLVD  |                           |                          |                        | STREET AD              | DRESS                     |  |                          |                                 | PRS IN 12                      |  |
| CITY-ST-ZIP<br>TITLE   | FT LAUDERD                                  | ALE FL   |                           | DELETE                   | 140                    | CITY-ST-2              |                           |  |                          | Change                          | Addition                       |  |
| NAME   | CIENER, CAR                                 |  |                           |                          |                        | IAME                   |                           |  |                          |                                 |                                |  |
| STREET ADDRESS   | 740 W INT'L<br>Daytona Be                   | Speedway Blvd.<br>Ach Fl   |                           |                          |                        | STREET AD              |                           |  |                          |                                 |                                |  |
| TITLE  |   |  |                           | DELETE                   | 3.1 1                  | CITY-ST-<br>IITLE      |                           |  |                          | Change                          | Addition                       |  |
| NAME<br>STREET ADDRESS   |   |  |                           |                          |                        | NAME<br>STREET AD      | DECC                      |  |                          |                                 |                                |  |
| CITY-ST-ZIP  |   |  |                           |                          |                        | CITY-ST-               |                           |  |                          |                                 |                                |  |
| TITLE  |   |  |                           | DELETE                   | 4.11                   | IITLE<br>NAME          |                           |  |                          | Change                          | Addition                       |  |
| STREET ADDRESS   |   |  |                           |                          |                        | name<br>Street ad      | DRESS                     |  |                          |                                 |                                |  |
| CITY-ST-ZIP<br>TITLE   |   |  |                           | DELETE                   | 4.4 (                  | CITY - ST - 2          | 1P                        |  |                          | Change                          | Addition                       |  |
| NAME   |   |  |                           | _ otter                  |                        | NAME                   |                           |  |                          | u vitangu                       |                                |  |
| STREET ADDRESS   |   |  |                           |                          |                        | STREET AD              |                           |  |                          |                                 |                                |  |
| CITY-ST-ZIP<br>TITLE   |   |  |                           | DELETE                   |                        | CITY-ST-2<br>HTLE      |                           |  | ··                       | Change                          | Addition                       |  |
|  |   |  |                           |                          |                        | NAME                   | DDF OD                    |  |                          |                                 |                                |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |  |                           |                          |                        | STREET AD<br>CHTY-ST-2 |                           |  |                          | _                               |                                |  |
| 14. I hereby c<br>indicated  | on this annual repo                         | ort or supplemental an   | nual report               | is true and ac           | for the excurate an    | emptio                 | n stated in<br>my signatu | Section 119.07(3)(i), Florida Statu<br>ire shall have the same legal effect  | t as if mad              | le under oath; t                | hat Iam an                     |  |
| officer or e<br>Block 12 d   | airector of the corp<br>or Block 13 if chan | oration or the receive<br>ged, or on an atlachm                          | or trustee<br>ont with an | empowered to<br>address  | execute                | this rep               | oort as req               | uired by Chapter 607, Florida Sta  | utes; and t              | nat my name a                   | ppears in                      |  |
| SIGNAT   | URE:  |  |                           |                          |                        |                        | TERRY                     | TAYLOR 3/10/98   | 95                       | 4-527-44                        | 20                             |  |
|  |   | ATMOR AND TYPED OR PHI   | TEO NAME O                | CIONNIO OFFICE           | 0 00 MOC               |                        |                           | [)glp  |                          | Continue Phone                  | 0060784                        |  |

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