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

FILED Apr 29 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # K40782 (0) MARIPOSA RESOURCES CORPORATION Principal Place of Business Mailing Address 10330 SW 58TH CT. 10330 SW 58 CT MIAMI FL 33156 MIAMI FL 33156 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/25/1988 2. Principal Place of Business 2a. Mailing Address Applied For 65-0086386 26 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip. Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CHIN, JOHN Q 10830 SW 113 PLACE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33176** 84 Zip Code City 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE ROMKEY, TOM NAME 1.2 NAME 10330 SW 58TH CT STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 14 CITY ST-ZIP DVTS DELETE Change Addition 2 1 TITLE NAME ROMKEY, MAY 2 2 NAME 10330 SW 58 CT STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 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 - \$1- ZIP DELETE 4.1 TITLE ☐ Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE

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 or suppliemental 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.

52 NAME

6.1 TITLE 6.2 NAME

53 STREET ADDRESS 5.4 CHY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

DELETE

4-20-98 305-6673313

Change

Addition