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

CITY-ST-ZIP

May 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 (1)DOCUMENT # K53651 WAKI EXPORTS, INC. Principal Place of Business Mailing Address BOX 1231 TO 0X 14 2000 NE 4TH WAY **BOCA RATON FL 33431 BOCA RATON FL 33429** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/23/1988 2. Principal Place of Business 2a. Mailing Address Applied For BOX 14 Banker ON FF 9842 21 65-0187291 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 Trust Fund Contribution Added to Fees 28 Zip Country ZiD Country This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KIRBY, WAYNE N. 2000 NE 4TH WAY 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33431** 83 City Zip Code NO CHANGE 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, 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. For familiar with, and accept the obligations of, Section 607.05.05, Florida Statutes. 29 ABOSI, 1998 SIGNATURI (NOTE: Registered Agent signalure required when ERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 13. 12. DELETE Change 1.1 TITLE KIRBY, WAYNE N. 1.2 NAME NAME STREET ADDRESS 2000 NE 4TH WAY 1,3 STREET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE ☐ Change Addition 31 TITLE TITLE NAME **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 THILE 4. 2 NAMÉ NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELE TE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 2IP DELE1E Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - \$1 - 2IP

14. Thereby certify that the information supplied with the 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 Chapter 607, an all chapter with an address.

**FILED**