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**FILED** May 18 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 #

1. Corporation Name K91517 (8) STEMA CORPORATION Principal Place of Business Mailing Address STEPHEN A. FREEMAN STEPHEN A. FREEMAN 520 BRICKELL KEY DR STE. 305 520 BRICKELL KEY DR STE. 305 DO NOT WRITE IN THIS SPACE MIAMI FL 33131-2608 MIAMI FL 33131-2608 3. Date Incorporated or Qualified 05/30/1989 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0124407 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FREEMAN, STEPHEN A. 520 BRICKELL KEY DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) STE. 305 83 MIAMI FL 33131 84 City 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, type dioripended name of regelered agent and lifte it apply able (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 1111.6 LANDSBERG, PEDRO G. HAME 1.2 NAME CR2E034 1740 NW 94TH AVE 13 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE LANDSBERG, TAMARA B. NAME 2.2 NAME 1740 NW 94TH AVE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE .... Addition TiTLE 3.1 TITLE ☐ Change FREEMAN, STEPHEN A. NAME 3.2 NAME 520 BRICKELL KEY DR. 305 STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY-S1-ZIP DELETE Change Addition TITLE 4.1 TITLE LANDSBERG, GABRIEL B. NAME 4 2 NAME 1740 NW 94TH AVE STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL 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 DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREE1 ADDRESS

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 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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