FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED PROFIT** FLORIDA DEPARTMENT OF STATE Jan 20 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (7)CDON, INC. Principal Place of Business Mailing Address 10800 BISCAYNE BLVD. 10800 BISCAYNE BLVD PENTHOUSE PENTHOUSE DO NOT WRITE IN THIS SPACE MIAM! FL 33161 MIAMI FL 33161 3. Date Incorporated or Qualified 02/16/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 65-0169903 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zip Country Zin Country This corporation owes or has paid the current year Intangible ☐ Yes 29 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name RYAN, NANCY 10800 BISCAYNE BLVD Street Address (P.O. Box Number is Not Acceptable) PENTHOUSE 83 **MIAMI FL 33161** 84 City Zip Code 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 famillar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change TITLE DPT 1.1 TITLE HARRIS, MEL NAME 1.2 NAME 10800 BISCAYNE BLVD. PENTHOUSE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change 2.1 TITLE TITLE NAME RYAN, NANCY 2.2 NAME 10800 BISCAYNE BLVD. PENTHOUSE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change 5.1 TITLE TITLE

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. 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-charged, or or an attachment with an address.

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3_STREET ADDRESS

5.4 CITY - ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITE

NAME

CITY-ST-ZIP

STREET ACCORESS

DELETE

6/18 (305) 899-0404

CR2E034

Addition

☐ Addition

Addition

Addition

Addition

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Change

Applied For

☐ Ño

Not Applicable