FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (8) TANYA & COMPANY, INC. Principal Place of Business Mailing Address 1855 GRIFFIN ROAD 1855 GRIFFIN ROAD SUITE B404 SUITE B404 DANIA FL 33004 DANIA FL 33004 3. Date Incorporated or Qualified 06/05/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0203745 26 Suite, Apt. #, etc Suite, Apt #, etc 5. Certificate of Status Desired 22 27 City & State City & State 6, Election Campaign Financing Trust Fund Contribution 23 28 Zip Zip Country Country 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent Name SCHNEIDER, ALAN B ESQ. 20802 BISCAYNE BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 200 **AVENTURA FL 33180 SIGNATURE** (NOTE: Registered Agent signature required wi 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE TITLE JORGE, JUAN C. 1.2 NAME NAME 1855 GRIFFIN ROAD #B404 STREET ADDRESS 1.3 STREET ADDRESS DANIA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2171718 TITLE STEINIG, TANYA 2.2 NAME NAME

FILED Feb 26 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Yes □ No 10. Name and Address of New Registered Agent 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition 1855 GRIFFIN ROAD #B404 2.3 STREET ADDRESS STREET ADORESS DANIA FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TOLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE. 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME STREET ADDRESS **5 3 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this fifting 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 is supplied with this fifting 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 is supplied by that the information indicated on this 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 complete or it using empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if thangors, or or an all administration with an address.

SIGNATURE: