FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

PROFIT Mar 09 1998 8:00am FLORIDA DEPARTMENT CORPORATION Sandra B. Mort **ANNUAL REPORT** Secretary of State Secretary of Sta DIVISION OF CORPOR 1998 TIONS DOCUMENT #
1. Corporation Name M54785 (4) IGI INTERNATIONAL, INC. Principal Place of Business Mailing Address 13899 BISCAYNE BLVD S205 13899 BISCAYNE BLVD \$205 NORTH MIAMI BOH FL 33181 NORTH MIAMI BCH FL 33181 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/01/1987 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For Not Applicable 59-2845283 21 26 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 Trust Fund Contribution 23 28 Added to Fees Zip Country Country Zip This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes ☐ No 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LAMONT & NEIMAN ONE BISCAYNE TOWER, STE 3550 82 Street Address (P.O. Box Number is Not Acceptable) 2 SOUTH BISCAYNE 83 **MIAMI FL 33131** 84 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE PD 11 TITLE THOMAS, JOSEPH M. NAME 1.2 NAME 13899 BISCAYNE BLVD S205 STREET ADDRESS 1.3 STREET ADDRESS N. MIAMI BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE CD 2.1 TITLE Change NAME THOMAS, DIANA N. 2.2 NAME 13899 BISCAYNE BLVD, S205 STREET ADDRESS 2.3 STREET ADDRESS N. MIAMI BEACH FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE DVS Addition TITLE 3.1 TITLE BENTLEY-BAKER, KANDELL NAME 3.2 NAME 13899 BISCAYNE BLVD. S205 STREET ADDRESS 3.3 STREET ADDRESS N. MIAMI BEACH FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change ☐ Addition TITLE SOLOMON, CAROL NAME 4.2 NAME 1750 CHARLES ST., (APT. 316) 4.3 STREET ADDRESS STREET ADDRESS NEW ORLEANS LA CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE X Addition TITLE 5.1 TITLE Cathy L. Royal NAME 5.2 NAME 13899 Biscayne Blvd. S205 STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST- ZIP N. Miami Beach. FL 33181 Change DELETE 6.1 TITLE Addition TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby 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 change for or an attachment with an address.

2/2/10/

FILED