2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # P03000139571** 04-26-2004 90455 029 ***158.75 1. Entity Name 98 INVESTMENTS INC. Principal Place of Business Mailing Address 701 BRICKELL AVE STE 1480 701 BRICKELL AVE STE 1480 MIAMI. FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address 141 NE 310 AVE 141 NE Bid Suite, Apt. #, etc. Suite, Apt. #, etc 04052004 CR2E034 (10/03) 1100 11*0*0 4. FEI Number 58 - 2677824 Applied For City & State City & State MIAMI Not Applicable Country-\$8.75 Additional 5. Certificate of Status Desired U.S. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DIEGO JUAN TRUJILLO, JUAN J Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVE STE 1480 MIAMI, FL 33131 300 141 NE വേനുട്ട നമാ MIAMI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agen لهمرا uired when reinstation) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PDPD Addition ☐ Delete TITLE Change : TITLE calle , Jevaro CALLE, JENARO NAME NAME STREET ADDRESS 701 BRICKELL AVE STE 1480 STREET ADDRESS CON Friva 141 46 3rd AVE MIAMI, FL 33131 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33182 YD AND TREASURER : Change : Addition THE AND M. VD . -TITLE Delete TITLE CALLE, ANA M NAME NAME SUITE 1100 STREET ADDRESS 701 BRICKELL AVE STE 1480 STREET ADDRESS 314 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 MIA MI FL 33132 TITLE SD ☐ Delete TITLE 141 NE 318 SP Change ☐ Addition CALLE, ROSA H NAME NAME 701 BRICKELL AVE STE 1480 STREET ADDRESS 314 AVE , SUITE 1100 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP MIAMI ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITL F NAMF NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.

OFFICER OF DIRECTOR

FILED