FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

TITLE

NAME

FILED **PROFIT** FLORIDA DEPARTMENT OF STATE Jan 15 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P31517 (6)SEC INSTITUTE, INC. Principal Place of Business Mailing Address 396 ALHAMBRA CIR 396 ALHAMBRA CIR DO NOT WRITE IN THIS SPACE CORAL GABLES FL 33134 CORAL GABLES FL 33134 US 3. Date Incorporated or Qualified 10/25/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 13-3212336 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaion Financino \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zic Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 105 83 TALLAHASSEE FL 32301 85 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE Change SAXLEHNER, ANDREW C. NAME 1.2 NAME **CR2E034** 396 ALHAMBRRA CIR, #275 STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES FL 1.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Срапое ☐ Addition TITLE 2.1 TITLE SAXLEHNER, ANDREW C. NAME 2.2 NAME 396 ALHAMBRA CIR., #275 STREET ADDRESS 2.3 STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change Addition TITLE 3.1 TITLE WILSON, MARPIN 3.2 NAME NAME 396 ALHAMBRA CIR., #275 CORAL GABLES FL 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE 4.1 TITLE WILSON, MARILYN NAME 4, 2 NAME 396 ALHAMBRA CIR., K#275 4.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 4.4 CITY-ST-ZIP City-ST-ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 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)(f), 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 cettify 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 changed, or on an attachment with an address.

61 TITLE

6.2 NAME

DELETE

worth Backline

(10/97)

Change

Jan- 6, 1988 305.529-1536

Addition