FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:37

DOCUMENT # P39695 (2)

1. Corporation Name
INFLITE MANAGEMENT SERVICES (CAYMAN) LTD., INC.

Principal Place of Business
9000 WEST SHERIDAN STREET, SUITE 134
PEMBROKE PINES FL 33024

Mailing Address
9000 WEST SHERIDAN STREET, SUITE 134
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/20/1992
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24
Country 25
Zip 29
Country 30

4. FEI Number: 65-0345012 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

REGISTERED AGENT SERVICES CO
444 BRICKELL AVE.
STE. 300
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ DATE
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	GODDARD,JOSEPH NATHANIEN	12 NAME	
STREET ADDRESS	CARLISLE HOUSE, HINKS ST	13 STREET ADDRESS	
CITY-ST-ZIP	BRIDGETOWN, BARBADOS	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	GODDARD, COLIN GLYNE	22 NAME	
STREET ADDRESS	CARLISLE HOUSE, HINKS ST	23 STREET ADDRESS	
CITY-ST-ZIP	BRIDGETOWN, BARBADOS	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	COMMERCE ADVISORY SERVIC	32 NAME	
STREET ADDRESS	ES, LTD.	33 STREET ADDRESS	
CITY-ST-ZIP	,	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	PRITCHARD, MARTIN J.K.	42 NAME	
STREET ADDRESS	CARLISLE HOUSE, HINKS ST	43 STREET ADDRESS	
CITY-ST-ZIP	BRIDGETOWN, BARBADOS	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 changed, or on an attachment with an address.

SIGNATURE: [signature] 03/01/95 488-9855 (305)
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0007358 CP