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FILED

Feb 19, 1999 8:00am  
Secretary of State

02-19-1999 90035 045 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P39695

1. Corporation Name

INFLITE MANAGEMENT SERVICES (CAYMAN) LTD., INC.

Principal Place of Business

9000 W SHENDAN ST  
STE 140  
PEMBROKE PINES FL 33024  
US

Mailing Address

9000 W SHERIDAN ST  
STE 140  
PEMBROKE PINES FL 33024  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/20/1992

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 owes the current year Intangible  
Personal Property Tax.

☐ 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME P  
STREET ADDRESS GODDARD, JOSEPH NATHANIEL  
CITY-ST-ZIP CARLISLE HOUSE, HINKS ST  
BRIDGETOWN, BARBADOS

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS GODDARD, COLIN GLYNE  
CITY-ST-ZIP CARLISLE HOUSE, HINKS ST  
BRIDGETOWN, BARBADOS

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS COMMERCE ADVISORY SERVIC  
CITY-ST-ZIP ES, LTD.

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS PRITCHARD, MARTIN J.K.  
CITY-ST-ZIP CARLISLE HOUSE, HINKS ST  
BRIDGETOWN, BARBADOS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99

Date

(754) 438-9855

Daytime Phone #

CR2E034 (11/98)

0571040