

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000002878 (6)

1. Corporation Name:

LEGAL OBSERVER, INC.

Principal Place of Business	Mailing Address
1221 BRICKELL AVENUE SUITE 1040 MIAMI, FL 33131	1221 BRICKELL AVENUE SUITE 1040 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE:

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 1221 BRICKELL AVENUE Suite, Apt. #, etc. 22 SUITE 1470 City & State 23 MIAMI, FL Zip 24 33131	26 1221 BRICKELL AVENUE Suite, Apt. #, etc. 27 SUITE 1470 City & State 28 MIAMI, FL Zip 29 33131	11/06/1992
Country 25 U.S.	Country 30 U.S.	4. FEI Number 65-0372790
		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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THOME, LILIAN
1221 BRICKELL AVENUE
SUITE 1040
MIAMI, FL 33131

10. Name and Address of New Registered Agent

81 Name	CANTUARIA, ANA LUCIA
82 Street Address (P.O. Box Number is Not Acceptable)	1221 BRICKELL AVENUE
83	SUITE 1470
84 City	MIAMI
85 State	FL
86 Zip Code	33131

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: Algozamban (NOTE: Registered Agent signature required when running) DATE: 04/24/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DURVAL DE NORONHA GOYOS JR.	1.2 NAME	
STREET ADDRESS	1221 BRICKELL AVE., SUITE 1040	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 a subsequent filing with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/98

Date

(305) 372-0844

Daytime Phone

CR2E034 (10/97)