FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P92000004441 (1)**

1. Corporation Name

ACOBUS PROPERTIES, INC.

Principal Place of Business
6841 SUNRISE COURT
CORAL GABLES FL 33134

Mailing Address
1313 PONCE DE LEON BLVD.
SUITE 301
CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 11/13/1992
3a. Date of Last Report: 06/07/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0386074 — 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

SANCHEZ-GALARRAGA, JORGE ESQ.
1313 PONCE DE LEON BOULEVARD
SUITE 301
CORAL GABLES FL 33134-3343

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	XDRX	☒ DELETE
NAME	XJGENGSBAXCHRISTOPHERXDX	
STREET ADDRESS	X1313 PONCE DE LEON BLVDX	
CITY-ST-ZIP	XCORALXGABLES FL	
TITLE	XSX	☒ DELETE
NAME	XDAVESXALANX	
STREET ADDRESS	X1313 PONCE DE LEON BLVDX	
CITY-ST-ZIP	XCORALXGABLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	President/Director	☒ Change ☐ Addition
1.2 NAME	James A. Lloyd	
1.3 STREET ADDRESS	Suite 272 Pvt Bag X9	
1.4 CITY-ST-ZIP	Benmore 2010 Sandton, South Africa	
2.1 TITLE	Secretary	☒ Change ☐ Addition
2.2 NAME	Linda Milford Lloyd	
2.3 STREET ADDRESS	Suite 272 Pvt Bag X9	
2.4 CITY-ST-ZIP	Benmore 2010 Sandton, South Africa	
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		

CR2E034 (12/95)

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)(k), 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: James A. Lloyd 3/5/96 (305) 445-5351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #