FILE NOW: FILING FEE AFTER MAY 1-18 \$550.00

1012

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State FILED 1997 DIVISION OF CORPORATIONS 97 AUG 26 AM 8: 32 DOCUMENT #10130000 1234 1 SOS INTERNATIONAL LTD., FAC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business 508 N. VICTORIA PARK ROD FORTLAUDERDALE PL 33301 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zιo Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes 2770 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **B2** Street Address (P.O. Box Number is Not Acceptable) PARK ROAD 83 City Zip Code 11. Pursuant to the provisions of Sections 607.050? 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 DELETE TITLE 1.1 THILE ☐ Change ☐ Addition WEISS JAY P. 508 N. VICTORIA PARK ROAD 400002279004--8 -08/27/97--01112--001 ****173.75 *****173.75 NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS LAUDERDALE CITY-ST-ZIP 1.4 CITY - ST - ZIP Change ___ Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - 51 - ZIP Addition TITLE 3.1 TITLE ☐ Change 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4 CITY-ST-ZIP DELETE Change Addition TITLE -41 TITLE 4 2 NAME NAME . STREEL ADDRESS 4.3 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the differnation supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this angual 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 combination or the receiver for trustee employered to execute this report as required by Chapter 607, Florida Statutes; and the combination in the receiver for the combination or the receiver for the combination or the receiver for the combination or the receiver for the combination of the combination or the receiver for the combination of the combination or the receiver for the combination of the combination or the receiver for the combination of the combination or the receiver for the combination of the

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CITY-ST-ZIP

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NAME STREET ADDRESS

4.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

25/9/ 70381 Dayt me Phone

Change

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8/25/97

TO WHOM IT MAY CONCERN:

PLEASE NOTE --- WE DID NOT RECEIVE THE ORIGINAL FORM --- AND HAD TO TELEPHONE T REQUEST A BLANK FORM.

MANK YOU FOR YOUR KIND ASSISTANCE.

SINCERRY YOURS-DEBRA J. WEISS SOS THTERNATIONAL LID, FAX.