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

**PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P93000015695 (8) BUCHBERG INVESTMENTS HOLDING, INC. Principal Place of Business Mailing Address 5030 PINE TREE DR 5030 PINE TREE DR SUITE 830 SUITE 830 DO NOT WRITE IN THIS SPACE MIAMI FL 33140 **MIAMI FL 33140** US 3. Date Incorporated or Qualified 03/02/1993 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0390642 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 Trust Fund Contribution 28 Added to Fees Żip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes . Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **AKIVA BUCHBERG** 5030 PINE TREE DRIVE 62 Street Address (P.O. Box Number is Not Acceptable) **SUITE 830** 83 MIAMI BEAUH FL 33140 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 697 0902 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or beth, 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 family with, and accept the obligations of, Section 607.0505, Florida Statutes. AKIM BVCHBCLL signature required when reinstating) SIGNATURE on of registured agent and offerit applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE D Change \_\_\_ Addition TITLE 1.1 TITLE **BUCHBERG AKIVA** NAME 1.2 NAME **5030 PINE TREE DRIVE** STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL CHTY-ST-ZIP 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 DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 attach near with an address.

CICNATUDE:

HUMA RICHAMA

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