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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

TITLE NAME

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000034956 (1)

EARTH ISLAND VENTURES, INC. Principal Place of Business Mailing Address 512 MAJORCA AVENUE 1005 S.W. 87TH AVE. **CORAL GABLES FL 33134 MIAMI FL 33174** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/10/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0426201 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zφ Country B. This corporation owes or has paid the current year Intangible Yes 24 26 29 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name QUETGLAS, FRANK 512 MAJORCA AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 City Zip Code 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE QUETGLAS, FRANK NAME 1.2 NAME 512 MAJORCA AVE. STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME

City-St-ZiP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 THLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY - ST - ZIP 6.4 City-ST-ZIP

2.3 STREET ADDRESS

2 4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

3.1 TITLE

3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE

4. 2 NAME

DELETE

DELETE

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 corrollation or the receiver or trusted impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block (13 if chapted, or or an article) and the same legal effect as if made under oath; that I am an officer or director of the corrollation or the receiver or trusted by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block (13 if chapted, or or an article) and the same legal effect as if made under oath; that I am an officer or director of the corrollation of the receiver of the receiver of the corrollation of the receiver of the receiver of the corrollation of the receiver of the

SIGNATURE:

■ Addition

Addition

☐ Change

FILED

Feb 26 1998 8:00am

Secretary of State