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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Apr 11 1997 8:00am

Secretary of State

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Daytime Phone #

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000036010 (5)

POTOMAC PARTNERS INTERNATIONAL, INC.

Principal Place of Business Mailing Address % ACCOUNTING & BUSINESS CONSULTANTS INC 1323 SE 17TH ST. 790 E BROWARD BLVD SUITE 302 STE. 677 FT LAUDERDALE FL 33301-2077 FT. LAUDERDALE FL 33316 3a. Date of Last Report 3. Date Incorporated or Qualified US 04/15/1996 05/18/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0411364 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip This corporation has tiability for intangible tax under s. 199.032, Country Zio 🗶 Yes 🔲 No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name Frame, James 1323 SE 17TH ST #677 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33316 83 Zip Code 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pointed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE 1.1 TITLE DIU FRAME, JAMES 12 NAME NAME 1323 SE 17TH ST #677 1.3 STREET ADDRESS STREET AUDRESS FT LAUDERDALE FL 33316 1.4 CITY-ST-ZIP CITY - ST - ZIF Addition Change DELETE 2.1 TITLE TIME 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - S1 - Z(F Change Addition DELETE 3.1 TITLE THEF 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY - ST- 7/P Change Addition DELETE 4.1 TOTLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST-ZIP Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do 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 and cated 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