FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

APPROVED AND FILED

PROFIT CORPORATION ANNUAL REPORT **1997**

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

AMENDED ANNUAL REPORT

1997 OCT -2 AM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000048816e

1. Corporation Name

C.D.S. Holdings II, Inc.

Principal Place of Business	Mailing Address
16002 N.W. 83rd Court Miami Lakes, FL 33016	16002 N.W. 83rd Court Miami Lakes, FL 33016

3. Date Incorporated or Qualified: 7/12/1993
3a. Date of Last Report: 9/16/1996

2. Principal Place of Business	2a. Mailing Address
21 16002 N.W. 83rd Court	26 16002 N.W. 83rd Court
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami Lakes, FL	City & State 28 Miami Lakes, FL
Zip / Country 24 33016 / 25	Zip / Country 29 33016 / 30

4. FEI Number: 65-0431130 ☐ 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	10. Name and Address of New Registered Agent
Lyle, Gail G. 177 Ocean Lane Drive Suite 313 Key Biscayne, FL 33149	81 Name: Atrium Registered Agents 82 Street Address (P.O. Box Number is Not Acceptable): 1500 San Remo Avenue, Suite 125 83 84 City: Coral Gables FL 85 Zip Code: 33146

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: _____ 9/12/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE P SERRA, CHRISTIANE M. 15 Elm Place London, England SW7	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☒ Addition VP-S CHRISTIANE M. SERRA Post Office Box 527351 Miami, FL 33152-7351
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ DELETE V LYLE, GAIL G. 1900 S. Bayshore Drive Miami, FL 33133	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition 100002313301--9 -10/06/97--01170--022 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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 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: _____ **President** 9/19/97 **305-557-9686**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #