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

FILED May 15 1998 8:00am PROFIT ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P93000064475 (5) SONSALVAT, INC. Principal Place of Business Mailing Address 520 BRICKELL KEY DR 520 BRICKELL KEY DR SUITE 0-305 SUITE O-305 DO NOT WRITE IN THIS SPACE MIAMI FL 33131 **MIAMI FL 33131** 3. Date Incorporated or Qualified 09/16/1993 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 21 65-0440423 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 26 Ζφ Country Country Zw 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes ☐ No 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FREEMAN, STEPHEN A **520 BRICKELL KEY DR** Street Address (P.O. Box Number is Not Acceptable) **SUITE 0-305** 83 **MIAMI FL 33131** 84 City Zip Code 85 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 Signature, typed or printed name of registered agent and title. Lappic ablo (NOTE: Brigistered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELE1E Change Addition 1 1 TITLE TITLE JAIME J CAMPOMAR NAME 1 2 NAME 520 BRICKELL KEY DRIVE, SUITE 0-305 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE ☐ Change Addition Addition MARCELA RT DE CAMPOMAR NAME 22 NAME 520 BRICKELL KEY DRIVE, SUITE 0-305 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE Change FREEMAN, STEPHEN A NAME 3.2 NAME 520 BRICLE: KEY DR #305 STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE Change ___ Addition 4.1 THLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE 5 1 TITLE Change Addition TITLE NAME 5 2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - \$1-ZIP CITY-ST-ZIP

DELETE

TOTLE NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

62 NAME

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 of fusive 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 attackment with an address.

6.3 STREET ADDRESS

Storm A Floren 1/23/92

6.4 CITY-ST-ZIP

Addition

Change

305-37/-3Pio