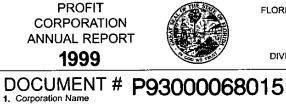
1999

KALUZA INTERNATIONAL SERVICES, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90067 049 ***150.00

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| Principal Place of Business Mailing Address | | | | | I (BEILEEN ING LANGE INFIN BRITT BRITT BRITT BRITT BRITT BRITT BRITT | Bi liabi aili iabi | |
|---|--------------------------------|---------------------|---------|--------------|--|--------------------|--|
| 1901 BRICKELL AVE 1901 BRICKELL AVE | | | | | | | |
| APT B-1906 APT B-1906 | | | | | | | |
| MIAMI FL 33129 MIAMI FL 33129 | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date incorporated or Qualifed 09/30/1993 | | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | | Applied For | |
| 26 | | | | | 65-0441413 | Not Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | Additional | |
| 22 | | | | | 5. Certificate of Status Desired Fee f | Required | |
| City & State | | | | | | May Be | |
| 23 | | 28 | | | Trust Fund Contribution Added | d to Fees | |
| Zip Country Zip | | | Country | | 8. This corporation owes the current year Intangible | | |
| 24 | 25 | 29 30 | o | | Personal Property Tax. | □No | |
| | 9. Name and Address of Current | Registered Agent | | 81 Name | 10. Name and Address of New Registered Agent | | |
| KALL | JZA, BOZENA J | | | Name | | | |
| 1901 BRICKELL AVE | | | Ī | 82 Street A | dress (P.O. Box Number is Not Acceptable) | | |
| APT B-1906 | | | | 83 | | | |
| MIAMI FL 33129 | | | | 03 | | | |
| 1919/119 | 11 1 2 30 123 | | İ | 84 City | F L 85 Zij | Code | |
| 44 Developed to the purpose of Captions 607 0500 and 607 4509. Elogida Statutos 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 nereby 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) DATE | | | | | | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECT | | |
| TITLE | PD | ☐ DELETE | 1.1 TIT | LE | ☐ Change | e 🗌 Addition 🗧 | |
| NAME | KALUZA, BOZENA J | | 1.2 NA | ME | | 5 | |
| STREET ADDRESS | 1901 BRICKELL AVE APT B1900 | 6 | 1.3 ST | REET ADDRESS | | \ \ | |
| CITY-ST-ZIP | MIAMI FL 33129 | | 1.4 CIT | Y-ST-ZIP | | } | |
| TITLE | | DELETE | 2.1 TIT | LE | ∵ Chang | e 🔲 Addition (| |
| NAME | | | 2.2 NA | ME | | | |
| STREET ADDRESS | | | 2.3 ST | REET ADDRESS | | ļ | |
| CITY-ST-ZIP | | | - | ry-ST-ZIP | | | |
| TITLE | | DELETE | 3.1 TIT | E | Chang | e DAddition | |
| NAME | | | 3.2 NA | ME | | | |
| STREET ADDRESS | | | 3.3 ST | REET ADDRESS | | | |
| CITY-ST-ZIP | | | • | Y-ST-ZIP | | - Daddista | |
| TITLE | | ☐ DELETE | 4.1 TIT | - (| ☐ Chang | e | |
| NAME | | | 4. 2 NA | ME | | . [| |
| STREET ADDRESS | | | 4.3 ST | REETADORESS | | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TIT | 1 | ☐ Chang | e Addition | |
| NAME ! | | | 5.2 NA | | | ļ | |
| STREET ADDRESS | | | | REET ADDRESS | | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | Change | e Addition | |
| TITLE | | ☐ DELETE | 6.1 TIT | | ☐ Chang | - Lagringu | |
| NAME | | | 6.2 NA | | | | |
| STREET ADDRESS | | | 1 | REET ADDRESS | | | |
| CITY-ST-ZIP | | | 6.4 CIT | Y-ST-ZIP | | | |

14. I 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, with all other like empowered.

SIGNATURE: