FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 10: 17

DOCUMENT # P93000087134 (1)

1. Corporate Name
VERBATUM, INC.

Principal Place of Business
4140 N.W. 110 AVENUE
CORAL SPRINGS FL 33065

Mailing Address
4140 N.W. 110 AVENUE
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/16/1993
3a. Date of Last Report: 09/15/1994

2. Principal Place of Business
21 9201 A West Sample Rd
22 Suite 189
23 Coral Springs, FL
24 33065 Country 25 USA

2a. Mailing Address
26 9201 A West Sample Rd
27 Suite 189
28 Coral Springs, FL
29 33065 Country 30 USA

4. FEI Number: 65-0455798 ☐ 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

MARTI, DIANA
4140 N.W. 110 AVENUE
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV	1.1 TITLE	President ☐ Change ☐ Addition
NAME	PEDRO, MARTI	1.2 NAME	Pedro Marti
STREET ADDRESS	EDIF FERMA, PISO 4, #44	1.3 STREET ADDRESS	9201 A West Sample Rd. Suite 189
CITY-ST-ZIP	SABANA GRANDE, CARACOS 1050	1.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	ST	2.1 TITLE	Vice President ☐ Change ☒ Addition
NAME	LUISA, MARTI	2.2 NAME	Diana Marti
STREET ADDRESS	APARTADO 10088	2.3 STREET ADDRESS	9201 A West Sample Rd. Suite 189
CITY-ST-ZIP	CARACAS, VENEZUELA	2.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE		3.1 TITLE	Treasurer ☒ Change ☐ Addition
NAME		3.2 NAME	Luisa Marti
STREET ADDRESS		3.3 STREET ADDRESS	9201 A West Sample Rd. Suite 189
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Diana M. Marti Jan. 13/95 (305) 346 5733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01C00050 CP