FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Feb 20 1996 8:00 am
Secretary of State

DOCUMENT # **P93000087134 (1)**

1. Corporation Name
VERBATUM, INC.

Principal Place of Business	Mailing Address
9201A W SAMPLE RD CORAL SPRINGS FL 33065 US	9201A W SAMPLE RD CORAL SPRINGS FL 33065 US

3. Date Incorporated or Qualified: **12/16/1993**
3a. Date of Last Report: **01/19/1995**

2. Principal Place of Business	2a. Mailing Address
21 4691 N. UNIVERSITY DR.	26 4691 N UNIVERSITY Dr.
22 Suite, Apt. #, etc. # 359	27 Suite, Apt. #, etc. # 359
23 City & State CORAL SPRINGS, FLORIDA	28 City & State CORAL SPRINGS, FLORIDA
24 Zip 33067-4620 25 Country USA	29 Zip 33067-4620 30 Country 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	10. Name and Address of New Registered Agent
MARTI, DIANA 4140 N.W. 110 AVENUE CORAL SPRINGS FL 33065	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 (Signature of new registered agent, if changing) DATE (Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	MARTI, PEDRO		1.2 NAME		
STREET ADDRESS	9201A W SAMPLE RD, S 189		1.3 STREET ADDRESS	4691 N. UNIVERSITY Dr. #359	
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP	CORAL SPRINGS, FLORIDA 33067	
TITLE	V	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	MARTI, DIANA		2.2 NAME		
STREET ADDRESS	9201A W SAMPLE RD, S 189		2.3 STREET ADDRESS	4691 N. UNIVERSITY Dr. #359	
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
TITLE	T	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	MARTI, LUISA		3.2 NAME		
STREET ADDRESS	9201A W SAMPLE RD, S 189		3.3 STREET ADDRESS	4691 N. UNIVERSITY Dr. #359	
CITY-ST-ZIP	CORAL SPRINGS FL		3.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: [signature] FEB 14, 1996 (954)340-136[illegible]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #