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FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # **P94000038433 (6)**

1. Corporation Name
ICELAND PRIME TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
5945 SW 91ST ST MIAMI FL 33156 US	5945 SW 91ST ST MIAMI FL 33156 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/18/1994

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0594585 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FERENCIK, ROBERT E
150 S. PINE ISLAND RD.
SUITE 400
FT. LAUDERDALE FL 33324

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE	PTD	☑ Change ☐ Addition
NAME	HALLDORSSSON, RAGNAR		1.2 NAME	SVEINSSON, JON	
STREET ADDRESS	GONHOLL 30		1.3 STREET ADDRESS	HEIÐARAS 8,	
CITY-ST-ZIP	260 NJARDVIK IC		1.4 CITY-ST-ZIP	REYKJAVIK, ICELAND	
TITLE	D	☐ DELETE	2.1 TITLE	D	☑ Change ☐ Addition
NAME	EINARSSON, HARALDUR		2.2 NAME	BJARNASON, JAKOB	
STREET ADDRESS	C/O ISLENSKIR ADALVERKTAKAR		2.3 STREET ADDRESS	DALHUSUM 67	
CITY-ST-ZIP	KEFLVIKURFLUGVOLLUR IC		2.4 CITY-ST-ZIP	REYKJAVIK, ICELAND.	
TITLE	VSD	☐ DELETE	3.1 TITLE	VSD	☑ Change ☐ Addition
NAME	GUSTAFSSON, PAUL		3.2 NAME	THORS, BJARNI	
STREET ADDRESS	LATRASTROND 21		3.3 STREET ADDRESS	HOFGÖRÐUM 22.	
CITY-ST-ZIP	170 SELTJARNARNES ICELAND		3.4 CITY-ST-ZIP	SELTJARNARNESI, ICELAND	
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 (10/97)

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.

SIGNATURE: on behalf of MR. JON SVEINSSON, PRESIDENT MAGNUS PALSSON 1/3 98 305-469-4343