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

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Mar 18 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 # P 94000046300 (7)

1. Corporation Name

COBALTO, INC.

[redacted]

Principal Place of Business / Mailing Address

2901 LE JEUNE RD
# 202
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/94

2. Principal Place of Business: 21
2a. Mailing Address: 26 2901 LE JEUNE RD
Suite, Apt. #, etc.: 22
Suite, Apt. #, etc.: 27 # 202
City & State: 23
City & State: 28 CORAL GABLES, FL
Zip: 24
Country: 25
Zip: 29 33134
Country: 30

4. FEI Number: 65-0499602 — 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

CHIARATO UGO V CPA
220 71st STREET
SUITE 213
MIAMI BEACH, FL 33141

10. Name and Address of New Registered Agent

81 Name: VEGA, ALBERT P.
82 Street Address (P.O. Box Number is Not Acceptable): 2901 LE JEUNE RD
83 SUITE 202
84 City: CORAL GABLES FL 85 Zip Code: 33134

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: 2/18/98
Signature Affixed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD ☐ DELETE |
| NAME | FOGLIATI, MARIA G |
| STREET ADDRESS | 6767 COLLINS AVE., #2104 |
| CITY-ST-ZIP | MIAMI BEACH, FL 33140 |
| TITLE | ☐ DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ DELETE |
| NAME | |
| STREET ADDRESS | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|---|
| 1.1 TITLE | PD ☒ Change ☐ Addition |
| 1.2 NAME | FOGLIATI, MARIA G |
| 1.3 STREET ADDRESS | 2901 LE JEUNE RD # 202 |
| 1.4 CITY-ST-ZIP | CORAL GABLES, FL 33134 |
| 2.1 TITLE | ☐ Change ☐ Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | ☐ Change ☐ Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | ☐ Change ☐ Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | ☐ Change ☐ Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | ☐ Change ☐ Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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305-447-1299

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 is added in Block 13 per instructions with an address.