SECONO NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000077206 (8)

EAST/WEST THREE COMPANY, INC.

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Mailing Address

FILED Sep 18 1997 8:00am Secretary of State



915 LINCOLN ROAD CORAL GABLES FL 33134 MIAMI BEACH FL 33139 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 10/19/1994 4. FEI Number 06/11/1996 2a. Mailing Address 26 2530 Ponce De Leon Bul Suite, Apt. #, etc. 2. Principal Place of Business Applied For 21 65:0590804 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Feet Zip 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MELAND, MARK S ESQ. MELAND & RUSSIN, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE, SUITE 1110 83 MIAMI FL 33131 84 City 85 Zip Code result to the provisions of Sections 607.050 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered fifting the corporation's board of directors. I hereby accept the appointment as registered igent. I am familiar with, and accept the appointment as registered igent. I am familiar with, and accept the appointment as registered igent. I am familiar with, and accept the appointment as registered igent. I am familiar with, and accept the appointment as registered igent. I am familiar with, and accept the appointment as registered igent. I am familiar with, and accept the appointment as registered igent. I am familiar with a second in the corporation is a second in the corporation of the corporation is a second in the corporation in the corporation is a second in the corporation in the corporation is a second in the corporation in the corporation is a second in the corporation in the corporation is a second in the corporation in the corporation is a second in the corporation in the corporation is a second in the corporation in the corporation is a second in the corporation in the corporation is a second in the corporation in the corporation is a second in the corporation in the corporation is a second in the corporation in the corporation is a second in the corporation in the corporation is a second in the corporation in the corporation is a second in the corporation in the corporation is a second in the corporation in the corporation is a second in the corporation in the corporation is a second in the corporation in the corporation is a second in the corporation in the corporation is a second in the corporation in the corporation in the corporation is a second in the corporation in the corporation in the corporation is a second in the corporation in the corpo (NOTE: Registered Agent signature required when reinstating) Blahature, lyped o stored agent and title if applicable DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE EISMANN, JONATHAN NAME 1753 LENOX AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME PICOT, YVES 2.2 NAME 901 JEFFERSON AVENUE STREET ADORESS 2.3 STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Acdition | NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 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 6.4 CITY-ST-ZIP

14. I do 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 appear report is true and accurate and that my signature shall have the same legal effect as if made under oath; that am an officer or director of the corporation or the received frustee 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 all other ment with an address.