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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000016936 (3)

NEVATEX INTERNATIONAL, INC.

201 ALHAMBRA CIR.

CORAL GABLES FL 33134

STE. 711

FILED May 05 1998 8:00am Secretary of State

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| Principal Place of Business | Mailing Address | t indition tife inint abete abite onlit beint genin beint ginn inine etter atte inne |
|--|--|--|
| 201 ALHAMBRA CIR. STE. 711 CORAL GABLES FL 33134 | 201 ALHAMBRA CIR. STE. 711 CORAL GABLES FL 33134 | DO NOT WRITE IN THIS SPACE |
| US | US | 3. Date Incorporated or Qualified 03/01/1995 |
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number Applied For |
| n] | 26 | 65-0586646 Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired See Required Fee Required |
| City & State | City & State | Election Campaign Financing Trust Fund Contribution Added to Fees |
| Zip Country | Zip Country 29 30 | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |
| g, Name and Address of C | urrent Registered Agent | 10. Name and Address of New Registered Agent |
| RAPPORT, STEPHEN R | B1 | Name |

Street Address (P.O. Box Number is Not Acceptable)

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 | | West for | mintered Ament signature | required when rejustation) | | TC | |
|-----------------|---|----------|--------------------------|--|---------------------|----------|----------------|
| 12. | Signature, typed or printed name of registried agent and title if applicable INO1 OFFICERS AND DIRECTORS | | 13. | ature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRE | | | S IN 12 |
| TITLE | | DELETE | 1.1 TITLE | ADDITIONO | MANGES TO OTT TOENG | ☐ Change | Addition |
| NAME | PEKHTEREV, VLADISLAV | | 1.2 NAME | | | | |
| | 201 ALHAMBRA CIR., STE. 711 | | 1 | | | | |
| STREET ADDRESS | CORAL GABLES FL 33134 | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | CI CYC | 1.4 CITY - ST - ZIP | | | [] () | The section of |
| TITLE | LJ. | DELETE | 2.1 TITLE | | | ☐ Change | Addition |
| NAME | | | 2.2 NAME | | | | |
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| CITY-ST-ZIP | | | 2. 4 CITY - ST - ZIP | | , | | j |
| TITLE | | DELETE | 3.1 TITLE | | | Change | ☐ Addition |
| NAME | | | 3.2 NAME | | | | |
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| 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 | | | | |
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| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| PITV . 97 . 71P | | | 6.4 CITY-ST-7IP | | | | |

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 an accurate with an address.

WADISLAU DEKHTEREN 4:26-98 (305)444-5255

Zip Code