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

PROFIT

・日子の本事では少年では発達し始め、1、一位自然の需要は最終に対します。また、このでは、関いて、中央を表すっていませます。またが、「大きないない、ない、はいないできない。」のは、日本のでは、「大きない はっかい はいしょう はんしょう しゅうしょう しゅうしょう しゅうしょう はんしょう はんしょう はんせい はいばれる かいまい かんしょう しょうしょう しょうしょうしょう

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

COF ANNU	PROFIT RPORATION JAL REPORT 1998 MENT # P9500	Sandi Sec	PARTMENT OF STATE TO B. Mortham Totary of State OF CORPORATIONS	May 18 199 Secretary	
Principal Place 799 BRICKELI SUITE 900 MIAMI FL 331	C. e of Business L PLAZA	Mailing Address 799 BRICKELL PLAZ/ SUITE 900 MIAMI FL 33129		DO NOT WRITE IN THIS	
2. Principal P 21 Suite, Apt 22 City & State	,,,,,,,,,,,,,,	26. Mailing Address 26 Suite, Apt. #, etc. 27 City & State		3. Date Incorporated or Qualified 04/11/1995 4. FEI Number 65-0619682 5. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional Fee Required
23 Zip 24	Country 25 9. Name and Address of Curr	28 Zip	Country 30	Trust Fund Contribution 8. This corporation owes or has paid the corporation Property Tax due June 30. 10. Name and Address of New Registered	☐ Yos X No
796 SU MIA 11. Pursuant office or r egent. I a	egistered agent, or noth, in the Sta m familiar with, and accept the obl	ite of Florida. Such change w ligations of, Section 607.0505	atules, the above named co as authorized by the corpor , Florida Statules.	GAD ES FI proporation submits this statement for the purpose ation's board of directors. I hereby accept the appropriate the submits at the s	85 Zip Gode 3 // 33/3 // of changing its registered
12.	Signature, typed or printed name of registered in OFFICERS A	agent and title if applicable	(NOTE: Registored Agent signature req	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE NAME STREET ADDRESS	C/D Weisenfeld, Judith A. 799 Brickell Plaza #900	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITION OF TAXABLE TO OTHER TO AT	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33129 VP WEISENFELD, JOSEPH J. 799 BRICKELL PLAZA #900 MIAMI FL 33129	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREFT ADDRESS 2.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THE BIT I WAS INC.	[] DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4, CITY-S1-ZIP		Change Addition
TITLE NAME STREET ADDRESS		DELETE	4.1 TILE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - S1 - ZIP		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition

FILED May 18 1998 8:00am

CITY-ST-ZIP 6.4 CITY-S1-ZIP 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 attractment with an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

☐ Change

Addition