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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business Mailing Address 6800 SW 81 TERRACE 6800 SW 81 TERRACE MIAMI FL 33143 MIAMI FL 33143 2. Principal Place of Business 2a. Mailing Address

FILED May 14 1998 8:00am Secretary of State

DOCUMENT # P95000041969 (3) STONE INTERNATIONAL INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/30/1995 4. FEI Number Applied For 65-0587359 21 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible □Ño 24 Personal Property Tax due June 30. Yes 28 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ZANZURI, CLEMENT 6800 SW 81 TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33143** 83 85 Zip Code City 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 Signature, typod or printed name of registered agent and otheil applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition 1.1 TITLE ZANZURI, CLEMENT 1.2 NAME **6800 SW 81 TERRACE** STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33143 CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE TITLE Change Addition 21 TIRE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change ☐ Addition 3.1 TITLE 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7/P DELETÉ Change Addition TITLE 41 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP ☐ DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-\$1-ZIP

14. Thereby certify that the information supplied with this filling 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

CRZE034 (10/97