FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 07 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000046528 (2) EXOTIC LANDS, INC. Principal Place of Business Mailing Address 10931 W. BROWARD BLVD 10931 W. BROWARD BLVD PLANTATION FL 33324 **PLANTATION FL 33324** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/09/1995 2. Principal Place of Business 20. Mailing Address 4. FEI Number Applied For 21 26 65-0600621 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 25 29 30 Personal Property Tax due June 30. 24 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HOFFMAN, DOUGLAS F 2760 E OAKLAND PARK BLVD Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33306 83 64 City 85 Zip Code 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. DOUGLAST. HOFFMAN Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change Addition NERETTE, STEFAN 1.2 NAME NAME 10931 W. BROWARD BLVD. 1.3 STREET ADDRESS STREET ADDRESS **PLANTATION FL 33324** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 2 1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change 3 1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 54 CITY-ST-ZIP

thy filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the same legal effect as if made under eath; that I am an or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in each with an address. indicated on this annual report or supplementar officer or director of the corporation of the receiblock 12 or Block 13 if changed, or on all attact - TOT (ACH) 注 / 3

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

14. I hereby certify that the information supplied with the

NAME

STREET ADDRESS

DELETE

Daylime Phone # 0294992

Change

Addition